Washington State

Mt. Rainier: Taken from the airplane by a community planning member upon their return from the State Community Planning Group meeting, 2004

2006 UPDATE
to the
2005-2008 Comprehensive HIV Prevention Plan

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EXECUTIVE SUMMARY

Having just completed a four year Comprehensive HIV Prevention Plan for 2005-2008 based on new guidance from the CDC, the State HIV Prevention Planning Group (SPG) chose this year to focus on organizing the activities of the SPG and the 6 Regional HIV Prevention Planning Groups (RPGs) around the longer term goals of annually updating the 2005-2008 Plan, and preparing to complete the next four year plan to cover the time period 2009-2012. To that end, the SPG achieved the following major accomplishments for the 2006 planning year:

1. Establishing a detailed Planning Schedule for annually updating the 2005-2008 Comprehensive HIV Prevention Plan, and preparing to complete the new four year plan for 2009-2012 (see Attachment A);

2. Organizing into committees with designated roles and responsibilities for accomplishing key elements of the planning process (see Attachment B);

3. Maintaining membership that represents each of the RPGs, in accordance with the SPG Charter, and includes representatives from each of the populations most at risk as identified in the Epidemiologic Profile (see Tables 1, 2, and 3);

4. Initiating the analysis of data from the *Washington State HIV Infected Individuals Needs Assessment*, which was commissioned by the SPG and completed in March, 2005 (see Attachment F). The SPG also identified Women of Color at high risk of HIV infection as the next population for which a target population needs assessment is to be completed;

5. Reviewing information and/or receiving presentations on additional target population needs assessment activities completed by the RPGs including assessments from Seattle/King County on *The HIV Prevention Needs of HIV+ Individuals* and *The HIV Prevention and Counseling/Testing Needs of the Latino Population in King County* and presentations on data from the *HIV Testing Survey (HITS)* administered by DOH.

6. Conducting an assessment of the capacity building needs for HIV prevention community planning effectiveness and participation with all seven planning groups in Washington State (see Attachment G). This needs assessment addresses CDC Capacity Building Priority Focus Area 4.

Additionally, the SPG received a presentation on the services provided by the Behavioral and Social Science Volunteer Program of the American Psychological Association and met jointly with the Governor's Advisory Council on HIV/AIDS (GACHA). Washington State Department of Health (DOH) staff provided technical assistance and support to the RPGs on issues related to CDC's HIV Prevention Community Planning Guidance and provided materials for updating the RPG 2005-2008 Comprehensive HIV Prevention Plans for 2006.

DOH and the six Regional AIDS Service Network (AIDSNETs) Coordinators reviewed optional methods for conducting CDC HIV prevention planning, and decided to maintain the current system of six RPGs and the SPG.

Five of the six RPGs produced 2006 Plan Updates to their 2005-2008 Comprehensive HIV Prevention Plans. These RPGs focused on: 1) securing membership and representation from population most at risk of HIV infection and/or transmission; 2) planning and/or implementing priority population needs assessments to improve their understanding of the HIV prevention needs of each region's populations most at risk; 3) analyzing the relationship between the populations most at risk and the effective interventions identified to address their need; and 4) updating and/or revising RPG policies and procedures to assure that the RPG conducts its planning processes in accord with the CDC HIV Prevention Community Planning Guidance. The Region 4 (Seattle/King County) RPG produced a new 2006-2008 Comprehensive HIV Prevention Plan by undertaking all the planning processes identified in CDC planning guidance.

Goal One: Community Planning supports broad-based community participation in HIV prevention planning

Objective A: Implement an open recruitment process (outreach, nominations, and selection) for CPG membership.

2006 SPG UPDATE

The membership of the SPG has been at its maximum number of 32 throughout most of the planning year and attendance by all members at SPG meetings has been excellent. The six RPGs, which appoint three members each to the SPG, have appointed new members in 2005 who are able to represent some of the state's populations most at risk for HIV infection. The SPG's seven-person Membership Committee recruited three additional new members to the SPG, each of whom represent populations most at risk. The Membership Committee sponsored New Member Orientations on March 23 and July 28, 2005, and developed a committee schedule for conducting additional recruitment, orientation, and membership surveys throughout the next three years. In June, 2005 the SPG recorded three resignations of at-large members. The membership committee will focus effort on recruiting to fill these membership vacancies by the time the SPG initiates its 2006 planning process.

Table 1 below presents the results of the CDC Community Planning Membership Survey, Part 1, completed by members of the SPG as well as members of all six of the RPGs. Table 2 documents the results of an additional membership survey to show which of the populations most at risk for HIV infection in Washington State have at least one member on the SPG who reflect the perspective of that population.

SUMMARY OF RPG 2006 UPDATES

Table 1 below shows that the combined membership of the six RPGs in Washington State total more than 90 residents, and provides statewide characteristics for the residents involved in HIV prevention community planning throughout our state. Table 3 documents the results of a membership survey, completed by members of each RPG, to show which of the populations most at risk for HIV infection in each of the regions have at least one member on the RPG who reflects the perspective of that population. These tables show that the RPGs continue to include members in accord with planning guidance from the CDC and their respective bylaws. The membership of most RPGs has remained stable throughout the planning year, with only a few vacancies requiring new recruitment efforts. However, Region 4, which established a new comprehensive, multi-year plan in 2005, conducted an extensive recruitment effort to include representatives from a wide range of populations and interest groups in the planning and prioritization process. Most importantly, the policies and procedures of all the planning groups continue to be utilized to constitute the membership of each planning group and to ensure that the attributes associated with Goal One are being addressed. Several RPGs plan to update their membership policies and procedures in response to CDC guidance, including policies on conflict of interest and procedures regarding new member orientation.

Objective B: Ensure that the CPG membership is representative of the diversity of populations most at risk for HIV infection and community characteristics in the jurisdiction, and includes key professional expertise and representation from key governmental and non-governmental agencies.

Table 1: SPG and RPG Membership Survey Results (Part I)

(Percentages are rounded, and therefore, may not equal 100% in all categories)

MEMBERSHIP CHARACTERISTIC	SPG	PERCENT	RPGS COMBINED	PERCENT ALL RPGS
AGE	**26**		**90**	
13 or under	**0**	**0%**	**0**	**0%**
13-18	**0**	**0%**	**0**	**0%**
19-24	**1**	**4%**	**2**	**2%**
25-34	**2**	**8%**	**16**	**18%**
35-44	**5**	**19%**	**21**	**23%**
45+	**18**	**69%**	**51**	**57%**
GENDER	**27**		**90**	
Male	**17**	**63%**	**37**	**41%**
Female	**10**	**37%**	**52**	**58%**
Transgender	**0**	**0%**	**1**	**1%**
No Response	**0**	**0%**	**0**	**0%**
SEXUAL ORIENTATION	**27**		**90**	
Heterosexual	**13**	**48%**	**54**	**60%**
Gay	**9**	**33%**	**25**	**28%**
Lesbian	**2**	**7%**	**7**	**8%**
Bisexual	**0**	**0%**	**1**	**1%**
Unknown	**0**	**0%**	**0**	**0%**
Other	**0**	**0%**	**0**	**0%**
No Response	**3**	**11%**	**3**	**3%**
RACE	**27**		**93**	
American Indian/Alaska Native	**0**	**0%**	**4**	**4%**
Asian	**1**	**4%**	**1**	**1%**
Black/African American	**5**	**19%**	**11**	**12%**
Native Hawaiian/Pacific Islander	**0**	**0%**	**1**	**1%**
White	**19**	**70%**	**70**	**75%**
Other Response: Mexican Amer.	**0**	**0%**	**2**	**2%**
No Response	**2**	**7%**	**4**	**4%**
ETHNICITY	**26**		**88**	
Hispanic/Latino(a)	**2**	**8%**	**12**	**14%**
Non-Hispanic/Non-Latino(a)	**24**	**92%**	**76**	**86%**
No Response	**0**	**0%**	**0**	**0%**

MEMBERSHIP CHARACTERISTIC	SPG	PERCENT	RPGS COMBINED	PERCENT ALL RPGS
RISK POPULATIONS REPRESENTED[1]	**27**		**130**	
MSM	**13**	**48%**	**43**	**33%**
MSM/IDU	**3**	**11%**	**23**	**18%**
IDU	**3**	**11%**	**24**	**18%**
Heterosexual	**4**	**15%**	**16**	**12%**
Sex with Transgender	**0**	**0%**	**3**	**2%**
Sex with Transgender and IDU	**0**	**0%**	**4**	**3%**
General Population	**2**	**7%**	**17**	**13%**
No Response	**2**	**7%**	**0**	**0%**
GEOGRAPHIC LOCATION	**27**		**90**	
Rural	**4**	**15%**	**18**	**20%**
Urban Non-Metropolitan	**13**	**48%**	**37**	**41%**
Suburban	**1**	**4%**	**8**	**9%**
Urban Metropolitan	**8**	**29%**	**25**	**28%**
Other: Reservation	**0**	**0%**	**2**	**2%**
No Response	**1**	**4%**		
PRIMARY AND SECONDARY AREA OF EXPERTISE[1]	**52**		**119**	
Epidemiologist	**1**	**2%**	**4**	**3%**
Behavioral or Social Scientist	**4**	**8%**	**8**	**7%**
Evaluation	**2**	**4%**	**1**	**1%**
Intervention Specialist/Service Provider	**11**	**21%**	**28**	**24%**
Health Planner	**5**	**10%**	**11**	**9%**
Community Representative	**14**	**27%**	**19**	**16%**
Community Organization	**6**	**11%**	**26**	**22%**
PLWHA	**6**	**11%**	**10**	**8%**
Other: Faith Community; Project Analysis; Healthcare Provider; Youth Development	**3**	**6%**	**12**	**10%**
No Response	**0**	**0%**	**0**	**0%**
FAMILY/PARTNER LWHIV/AIDS	**27**		**95**	
Yes	**23**	**85%**	**56**	**59%**
No	**2**	**7%**	**38**	**40%**
Don't Know	**1**	**4%**	**1**	**1%**
No Response	**1**	**4%**	**0**	
SEROSTATUS	**27**		**90**	
Living With HIV/AIDS	**5**	**19%**	**17**	**19%**
Not Living With HIV/AIDS	**20**	**74%**	**69**	**77%**
Don't Know	**1**	**4%**	**2**	**2%**
No Response	**1**	**4%**	**2**	**2%**

MEMBERSHIP CHARACTERISTIC	SPG	PERCENT	RPGS COMBINED	PERCENT ALL RPGS
ORGANIZATIONS REPRESENTED[1]	**42**		**129**	
Faith	**2**	**5%**	**6**	**5%**
Minority CBO	**4**	**10%**	**8**	**6%**
Non-Minority CBO	**5**	**12%**	**9**	**7%**
Other Nonprofit	**5**	**12%**	**8**	**6%**
Business and Labor	**0**	**0%**	**3**	**2%**
Health Department : HIV/AIDS	**9**	**21%**	**34**	**26%**
Health Department: STD	**3**	**7%**	**9**	**7%**
Substance Abuse (State or Local)	**1**	**2%**	**2**	**2%**
HIV Care and Social Services	**5**	**12%**	**12**	**9%**
State/Local Education Agencies	**1**	**2%**	**3**	**2%**
Mental Health	**0**	**0%**	**2**	**2%**
Homeless Services	**1**	**2%**	**6**	**5%**
Academic Institution	**0**	**0%**	**2**	**2%**
Research Center	**0**	**0%**	**0**	**0%**
Corrections	**0**	**0%**	**2**	**2%**
Non-Agency/Community Representative	**5**	**12%**	**15**	**12%**
Other: LGBT Organization Center for Independent Living Tribal; LGBTQ Youth Agency; Community Health Center; Health Department-General	**2**	**5%**	**8**	**6%**
No Response			**0**	**0%**
PRIMARY ORGANIZATION RECEIVES HIV FUNDING FROM THE HEALTH DEP'T	**27**		**86**	
Yes	**13**	**48%**	**53**	**62%**
No	**8**	**29%**	**19**	**22%**
Not Applicable	**6**	**22%**	**14**	**16%**
No Response			**0**	**0%**
SECONDARY ORGANIZATION RECEIVES HIV FUNDING FROM THE HEALTH DEP'T	**27**		**52**	
Yes	**4**	**15%**	**10**	**19%**
No	**10**	**37%**	**14**	**27%**
Not Applicable	**12**	**44%**	**28**	**54%**
No Response	**1**	**4%**	**0**	**0%**

[1] The membership survey allowed each member to mark multiple responses within this category. Therefore, the total number of responses exceeds the number of members completing the survey.

Objective C: Foster a community planning process that encourages inclusion and parity among community planning members.

Table 2: Proportion of Populations Most at Risk (Epidemiologic Profile) Represented on the SPG

POPULATIONS MOST AT RISK (identified by the DOH HIV/AIDS Epidemiologist)	**AT LEAST ONE SPG MEMBER REFLECTS THE PERSPECTIVE OF THIS POPULATION**
HIV+ individuals (living with HIV/AIDS)	**X**
MSM being diagnosed with or at risk for STDs in urban areas	**X**
MSM/IDU	**X**
Black MSM who may also have sex with women	**X**
Hispanic MSM who may also have sex with women	**X**
MSM in small town/isolated rural areas	**X**
Women who inject and/or have sex with injectors	**X**
Women under 30 who have heterosexual partners at high risk for HIV	**X**
IDUS, particularly in rural areas and with attention to Native Americans	**X**
TOTAL POPULATIONS	**9**
TOTAL REPRESENTED	**9**
PROPORTION	**100%**

Table 3: Summary of Proportion of Populations Most at Risk Represented on the RPGs

Regional Planning Group	**Number of populations most at risk**	**Number of populations most at risk represented on the RPG**	**Proportion of populations most at risk represented on the RPG**
Region One	**9**	**9**	**100%**
Region Two	**9**	**8**	**89%**
Region Three	**10**	**9**	**90%**
Region Four	**9**	**9**	**100%**
Region Five	**9**	**9**	**100%**
Region Six	**9**	**9**	**100%**

Goal Two: Community planning identifies priority HIV prevention needs (a set of priority target populations and interventions for each identified population) in each jurisdiction.

Objective D: Carry out a logical evidence-based process to determine the highest priority, population-specific prevention needs in the jurisdiction.

2006 SPG UPDATE

The SPG's newly-established Epidemiology and Population Profile Committee works with the DOH HIV/AIDS Assessment Unit to identify and analyze sources of data to support the prevention planning process and to prepare and/or update the Epidemiologic Profile. The committee is also charged with prioritizing and analyzing target populations and other needs assessment data used by the SPG and the RPGs to prioritize populations most at risk of HIV infection. The committee has established a workplan for the coming year to accomplish certain key tasks identified by the committee that will ultimately result in a new Epidemiologic Profile, additional target population needs assessments, and options for dealing with "scale and significance" when assistance is provided by CDC for interpreting this PEMS requirement.

The SPG's Community Services Assessment (CSA) Committee is charged with developing methods for the SPG and RPGs to complete a Community Resource Inventory (CRI) and with determining approaches for using the CRI in the population prioritization process. The committee intends to pilot their approach to creating a CRI in 2005, and to assemble a new CRI in 2006 that can be updated in subsequent years.

The SPG's Process Committee is charged with developing methods for conducting the population prioritization process and the gap analysis. Because this committee is dependent on work products from other committees, i.e. Epidemiologic Profile and CRI, the committee consists of representatives of each of the other SPG committees, thereby assuring coordination of efforts and strategies.

SUMMARY OF RPG 2006 UPDATES

Five of the six RPGs, and the SPG, completed Comprehensive HIV Prevention Plans in 2004 which cover the period 2005 through 2008. In the past year, Plan Updates were completed by five of the six RPGs, and the SPG, for Calendar Year 2006. The Region 4 (Seattle/King County) RPG completed a new Comprehensive HIV Prevention Plan that covers the period 2006 through 2008. With the support of Public Health Seattle & King County (PHSKC), the RPG undertook an extensive evidence-based process to establish its priorities and to allocate HIV prevention funding to each of its priority populations.

Objective E: Ensure that priority target populations are based on an epidemiologic profile and a community services assessment.

2006 SPG UPDATE

The SPG Process Committee is responsible to assure that the work products of the Epi/Population Profile Committee and the CSA Committee contribute substantially to the population prioritization process. The Process Committee assists in the coordination of effort among the committees. According the SPG Planning Schedule (see Attachment A), the prioritization process is scheduled to occur again in 2006, if needed based on changes in epidemic trends, and in 2008 for the next four year Comprehensive HIV Prevention Plan.

Table 4 below shows the 10 statewide priority populations for HIV prevention as prioritized in 2004 for the statewide 2005-2008 Comprehensive HIV Prevention Plan. As indicated in Table 4, these priorities will remain in effect for four years, unless some unanticipated change in epidemiologic trends indicates a need to revisit the priorities. The prioritized populations are, therefore, unchanged in 2005.

SUMMARY OF RPG 2006 UPDATES

Table 5 below shows the priority populations for each of the six RPGs. For five RPGs, the priorities remain unchanged from the previous planning year, and it is anticipated that these priority populations will remain in effect for four years. The Region 4 RPG established a new set of priority populations for its new comprehensive plan. The RPG received excellent technical support from PHSKC Epidemiologists for setting principles and analyzing data in order to establish and prioritize their populations most at risk of HIV infection. PHSKC reported to the RPG on the results of two priority population needs assessments conducted with HIV+ Persons and Latino MSM aged 25 and older, and the results of these assessments were utilized to establish priorities for the region.

The new planning paradigm, which includes the identification of up to 10 populations most at risk in each region, has created a recognition on the part of all planning groups of the need to collect and analyze data regarding the HIV prevention needs of these populations most at risk. Most of the RPGs received presentations from the DOH HIV Assessment Unit staff on the *Washington State HIV Infected Persons Needs Assessment* (see Attachment F). Additionally, several RPGs focused much of their planning efforts on developing and/or implementing priority population needs assessments, in the form of focus groups or targeted interviews, in order to determine the HIV prevention needs of their highest priority target populations. The regions are sharing the results of assessment activities with each other, and are utilizing the technical support provided by the DOH HIV/AIDS Assessment Unit staff for the development and implementation of needs assessment strategies.

Table 4: Statewide Prioritized Populations

Populations Most At Risk (identified by the DOH HIV/AIDS Epidemiologist)	**SPG Priority Populations**	**Priority Rank**	**Timeframe Priority is in Effect**	**Specific Geographic Location and Type**
HIV+ individuals (living with HIV/AIDS)	**HIV+ individuals (living with HIV/AIDS)**	**1**	**4**	*Urban Metro; Urban Non-Metro; and Rural*
MSM being diagnosed with or at risk for STDs in urban areas	**MSM/IDU**	**2**	**4**	*Urban Metropolitan Areas*
MSM/IDU	**Black men who have sex with men who may also have sex with women**	**3**	**4**	*Urban Metro; Urban Non-Metro; and Rural*
Black men who have sex with men who may also have sex with women	**Women under 30 who have heterosexual partners at high risk for HIV**	**4**	**4**	*Urban Metro; Urban Non-Metro; and Rural*
Hispanic men who have sex with men who may also have sex with women	**MSM being diagnosed with or at risk for STDs in urban areas**	**5**	**4**	*Urban Metro; Urban Non-Metro; and Rural*
MSM in small town/isolated rural areas	**MSM in small town/isolated rural areas**	**6**	**4**	*Rural Areas*
Women who inject and/or have sex with injectors	**Hispanic men who have sex with men who may also have sex with women**	**7**	**4**	*Urban Metro; Urban Non-Metro; and Rural*
Women under 30 who have heterosexual partners at high risk for HIV	**Women who inject and/or have sex with injectors**	**8**	**4**	*Urban Metro; Urban Non-Metro; and Rural*
IDUS, particularly in rural areas and with attention to Native Americans	**IDUS, particularly in rural areas and with attention to Native Americans**	**9**	**4**	*Urban Metro; Urban Non-Metro; and Rural*

Table 5: Regional Prioritized Populations

PRIORITY RANKING	REGION ONE	REGION TWO	REGION THREE
1	HIV+ Individuals	HIV+ Individuals	HIV+ Individuals
2	MSM/IDU	MSM/IDU	MSM being diagnosed with or at risk for STDs (specifically GC and syphilis)
3	MSM who live in isolated rural areas (outside Spokane)	Black MSM who may also have sex with women	Women who inject and/or have sex with injectors, particularly Black and AI/AN
4	MSM being diagnosed with or at risk for STDs in Spokane	Hispanic women with heterosexual partners at high risk for HIV	Black MSM who may also have sex with women
5	IDUs, particularly rural, and Black, Hispanic, and Native Am.	MSM being diagnosed with or at risk for STDs in Yakima	NA/AI men and women at high risk (MSM, IDU, women partners of IDU)
6	Women who inject and/or have sex with injectors	Hispanic MSM, who may also have sex with women	IDUs in large and medium size counties (Snohomish, Whatcom, Skagit)
7	Hispanics (MSM and IDU) who live outside Spokane	MSM who live in isolated rural areas (outside Yakima)	Women under 30 who have heterosexual partners at high risk for HIV
8	Hispanic MSM, who may also have sex with women	Women who inject and/or have sex with injectors	MSM/IDU
9	Black MSM who may also have sex with women	IDU	MSM who live in small counties (San Juan, Island)
10			Hispanic MSM who may also have sex with women

PRIORITY RANKING	REGION FOUR	REGION FIVE	REGION SIX
1	HIV+ Individuals	HIV+ Individuals	HIV+ Individuals
2	MSM testing for STDs	Women who have heterosexual sex with men at high risk for HIV, particularly Black women under the age of 30	MSM who live in small counties
3	MSM/IDU, age 25 and older	Black MSM who may also have sex with women	MSM/IDU
4	Latino MSM, age 25 and older	Women who inject and/or have sex with injectors, particularly over the age of 30	Women who inject and/or have sex with injectors
5	Black MSM, age 25 and older	IDUs, particularly Blacks and Hispanics	MSM being diagnosed with or at risk for STDs
6	Young MSM, under age 25	MSM/IDU	IDU in large and medium size counties
7	IDU	Hispanic MSM who may also have sex with women	Hispanic MSM who may also have sex with women
8	White MSM, age 25 and older	MSM being diagnosed with or at risk for STDs	Black MSM who may also have sex with women
9	Foreign born Black heterosexuals, age 25 and older	MSM who live in isolated rural areas	Black women who have heterosexual partners at high risk for HIV
10			

Objective F: Ensure that prevention activities/interventions for identified priority target populations are based on behavioral and social science outcome effectiveness, and/or have been adequately tested with intended consumers for cultural appropriateness, relevance, and acceptability.

2006 SPG UPDATE

The Effective Interventions Committee of the SPG is charged with producing a set of science-based HIV prevention interventions demonstrated to be effective for each of the priority populations established by the SPG. This was accomplished by the committee in 2004, and the intervention sets, for each population, are included in the following Table 6. The committee is currently researching new, or additional, evidence-based interventions for the populations, including the DEBI and Procedural Guidance interventions. The committee is also conducting a survey of local HIV prevention programs in Washington State in an attempt to identify "best practices" in HIV prevention that are currently being implemented at the local level in our state.

SUMMARY OF RPG 2006 UPDATES

Each of the RPGs used as their baseline the set of effective interventions for the statewide priority populations that are identified by the SPG Effective Interventions Committee. Some regions supplemented this information with additional interventions they deemed acceptable and appropriate for their regional priority populations. There continues to be a considerable concern and skepticism that interventions shown to be effective with a given population, at one point in time, and in a specific environment or community, will be effective in another environment or context.

Identifying and implementing protocols for adapting and tailoring interventions, while maintaining fidelity with the original intervention as tested, are a priority issue for many of the planning groups. It is an area that requires technical assistance from the CDC, as is the issue of "scale and significance" which DOH has identified as a technical assistance need repeatedly in past plans, reports, and applications to the CDC.

TABLE 6: PREVENTION ACTIVITIES/INTERVENTIONS FOR SPG PRIORITIZED POPULATIONS

Priority Population #1: HIV INFECTED INDIVIDUALS

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
PCRS	PCRS	YES	YES	YES	YES	YES	NO	YES
"Community Promise"	CLI	YES	YES	YES	YES	YES	NO	YES
Prevention Case Management	Prevention Case Management	YES	YES	YES	YES	YES	NO	YES
Padian, O'Brien, et al. (1993)	ILI	YES	YES	YES	YES	YES	NO	YES
"Healthy Relationships"	GLI	YES	YES	YES	YES	YES	NO	YES
"Many Men, Many Voices"	GLI	YES	YES	YES	YES	YES	NO	YES
"Safety Counts"	GLI	YES	YES	YES	YES	YES	NO	YES

Priority Population #2: MSM/IDU

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
HIV Counseling/Testing	HIV Counseling/Testing	YES	YES	YES	YES	YES	NO	YES
PCRS	PCRS	YES	YES	YES	YES	YES	NO	YES
"Safety Counts"	GLI	YES	YES	YES	YES	YES	NO	YES
Cottler, Compton, et. al (1998)	GLI	YES	YES	YES	YES	YES	NO	YES
"Community Promise"	CLI	YES	YES	YES	YES	YES	NO	YES
Syringe Exchange	Syringe Exchange	YES	YES	YES	YES	YES	NO	YES
Prevention Case Management	Prevention Case Management	YES	YES	YES	YES	YES	NO	YES

Priority Population #3: BLACK MSM, WHO MAY ALSO HAVE SEX WITH WOMEN

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
HIV Counseling/Testing	HIV Counseling/Testing	YES	YES	YES	YES	YES	NO	YES
PCRS	PCRS	YES	YES	YES	YES	YES	NO	YES
"Many Men, Many Voices"	GLI	YES	YES	YES	YES	YES	NO	YES
Kelley, Lawrence, et al. (1990)	GLI	YES	YES	YES	YES	YES	NO	YES
"VOICES, VOCES"	GLI	YES	YES	YES	YES	YES	NO	YES
"Community Promise"	CLI	YES	YES	YES	YES	YES	NO	YES
Prevention Case Management	Prevention Case Management	YES	YES	YES	YES	YES	NO	YES

Priority Population #4: WOMEN <30 WHO HAVE HETEROSEXUAL PARTNERS AT HIGH RISK FOR HIV

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
HIV Counseling/Testing	HIV Counseling/Testing	YES	YES	YES	YES	YES	NO	YES
PCRS	PCRS	YES	YES	YES	YES	YES	NO	YES
Di Clemente, Wingwood (1995)	GLI	YES	YES	YES	YES	YES	NO	YES
Kelley, Murphy, et al. (1994)	GLI	YES	YES	YES	YES	YES	NO	YES
Shain, Piper, Newton, et al. (1999)	GLI	YES	YES	YES	YES	YES	NO	YES
"Community Promise"	CLI	YES	YES	YES	YES	YES	NO	YES
Lauby, Smith, Stark, et al. (2000)	CLI	YES	YES	YES	YES	YES	NO	YES
Tross, Abdul-Quader, et al. (1993)	Combination	YES	YES	YES	YES	YES	NO	YES
Prevention Case Management	Prevention Case Management	YES	YES	YES	YES	YES	NO	YES

Priority Population #5: MSM BEING DIAGNOSED WITH, OR AT RISK FOR, STD's IN URBAN AREAS

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
HIV Counseling/Testing	HIV Counseling/Testing	YES	YES	YES	YES	YES	NO	YES
PCRS	PCRS	YES	YES	YES	YES	YES	NO	YES
Cohen, MacKinnon, et al. (1992)	GLI	YES	YES	YES	YES	YES	NO	YES
O'Donnell, O'Donnell, et al. (1998)	GLI	YES	YES	YES	YES	YES	NO	YES
"Community Promise"	CLI	YES	YES	YES	YES	YES	NO	YES
Prevention Case Management	Prevention Case Management	YES	YES	YES	YES	YES	NO	YES

Priority Population #6: MSM IN SMALL TOWNS OR ISOLATED RURAL AREAS

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
HIV Counseling/Testing	HIV Counseling/Testing	YES	YES	YES	YES	YES	NO	YES
PCRS	PCRS	YES	YES	YES	YES	YES	NO	YES
"Many Men, Many Voices"	GLI	YES	YES	YES	YES	YES	NO	YES
"Community Promise"	CLI	YES	YES	YES	YES	YES	NO	YES
Prevention Case Management	Prevention Case Management	YES	YES	YES	YES	YES	NO	YES

Priority Population #7: HISPANIC MSM WHO MAY ALSO HAVE SEX WITH WOMEN

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
HIV Counseling/Testing	HIV Counseling/Testing	YES	YES	YES	YES	YES	NO	YES
PCRS	PCRS	YES	YES	YES	YES	YES	NO	YES
"Many Men, Many Voices"	GLI	YES	YES	YES	YES	YES	NO	YES
"VOICES/VOCES"	GLI	YES	YES	YES	YES	YES	NO	YES
Kelley, Lawrence, et al. (1990)	GLI	YES	YES	YES	YES	YES	NO	YES
"Community Promise"	CLI	YES	YES	YES	YES	YES	NO	YES
Prevention Case Management	Prevention Case Management	YES	YES	YES	YES	YES	NO	YES

Priority Population #8: WOMEN WHO INJECT AND/OR HAVE SEX WITH INJECTORS

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
HIV Counseling/Testing	HIV Counseling/Testing	YES	YES	YES	YES	YES	NO	YES
PCRS	PCRS	YES	YES	YES	YES	YES	NO	YES
Syringe Exchange	Syringe Exchange	YES	YES	YES	YES	YES	NO	YES
Deren, Tortu, et al. (1993)	GLI	YES	YES	YES	YES	YES	NO	YES
Schilling, El-Bassel, et al. (1991)	GLI	YES	YES	YES	YES	YES	NO	YES
Eldridge, St. Lawrence, et al. (1997)	GLI	YES	YES	YES	YES	YES	NO	YES
Rhodes, Wolitski, et al. (1992)	GLI	YES	YES	YES	YES	YES	NO	YES
"Community Promise"	CLI	YES	YES	YES	YES	YES	NO	YES
Powers, Penn, et al. ((1990)	Combination	YES	YES	YES	YES	YES	NO	YES
Tross, Abdul-Quader, et al. (1993)	Combination	YES	YES	YES	YES	YES	NO	YES
Prevention Case Management	Prevention Case Management	YES	YES	YES	YES	YES	NO	YES

Priority Population #9: IDU's, PARTICULARLY IN RURAL AREAS, WITH ATTENTION TO NATIVE AMERICANS

Intervention/Activity	Type of Intervention/Activity	Presence of Attributes (Yes or No)						
		42	43	44	45	46	47	48
HIV Counseling/Testing	HIV Counseling/Testing	YES	YES	YES	YES	YES	NO	YES
PCRS	PCRS	YES	YES	YES	YES	YES	NO	YES
Syringe Exchange	Syringe Exchange	YES	YES	YES	YES	YES	NO	YES
"Community Promise"	CLI	YES	YES	YES	YES	YES	NO	YES
Jamner, Wolitski, et al. (1997)	CLI	YES	YES	YES	YES	YES	NO	YES
Stephens, Feucht, et al. (1993)	ILI	YES	YES	YES	YES	YES	NO	YES
Prevention Case Management	Prevention Case Management	YES	YES	YES	YES	YES	NO	YES

Goal Three: Community planning ensures that HIV prevention resources target priority populations and interventions set forth in the Comprehensive HIV Prevention Plan.

Objective G: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and the Health Department Application for federal HIV prevention funding.

Objective H: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and funded interventions.

2006 SPG UPDATE

The regional system of HIV prevention planning in Washington State requires that Comprehensive HIV Prevention Plans be developed by each of the six RPGs. Each Regional AIDSNET is required to present an allocation plan for 100% of its CDC funds and 50% of its state AIDS Omnibus funds to its respective RPG prior to completion of a Letter of Concurrence/Concurrence with Reservations/Non-concurrence by each RPG. Subsequent to completion of the regional plans, DOH completes a statewide Comprehensive HIV Prevention Plan, and presents its proposed CDC application to the SPG prior to completion of the SPG Letter of Concurrence/Concurrence with Reservations/Non-concurrence. The application to CDC is based on the regional allocations that have been reviewed by and received concurrence from the RPGs.

Historically, there has occasionally been some discrepancy between the regional allocation of CDC funds, as presented to the RPGs, and the planned use of CDC funds in DOH's application as presented to the SPG. This year, DOH and the Regional AIDSNETs Coordinators agreed to a protocol for presenting allocation information to the RPGs in order to assure that the RPGs base their Letters of Concurrence/Concurrence with Reservations/Non-concurrence on a final allocation of 100% of CDC funds and 50% of AIDS Omnibus funds. This will assure that regional allocations are consistent with funding information in DOH's application to the CDC, as presented to the SPG (see Attachment D).

Attachment E includes six Letters of Concurrence, including those from five of the RPGs and one from the SPG.

SUMMARY OF RPG 2006 UPDATES

Five RPGs based their Letters of Concurrence on the new protocol described in Attachment D. The letters reflect the status of RPG concurrence with health department allocations of CDC and state funds as of July 1, 2005, the date that completed regional plans are due for submission to DOH.

As of September 7, 2005 the Region 5 RPG has not been able to decide to execute a Letter or Concurrence, Concurrence with Reservations, or Non-concurrence indicating the degree to which the Region 5 AIDS Service Network allocations of CDC and state funds is responsive to the RPG's 2006 Plan Update. The DOH HIV prevention program staff are reviewing the reasons for this impasse and will be submitting an action plan to the CDC after consultation with our CDC Project Officer.

Table 7 below summarizes the opinions of SPG members on the degree to which the objectives of HIV prevention community planning have occurred in the planning process in 2005. Table 8 summarizes the same information from members of all six RPGs. These data are derived from the CDC Community Planning Membership Survey, Part 2.

State HIV prevention program staff are reviewing the reasons for (insert Non-concurrence or concurrence with reservations) and will submit an action plan with the 2006 Interim Progress Report to the CDC.

TABLE 7: SPG MEMBERSHIP SURVEY RESULTS (PART II)

OBJECTIVE	AGREE	DIS AGREE	TOTAL	PERCENT AGREE
Objective A: Implement an open recruitment process (outreach, nominations, and selection) for CPG membership. *(Responses to 7 Questions)*	**126**	**0**	**126**	**100%**
Objective B: Ensure that the CPGs' membership is representative of the diversity of populations most at risk for HIV infection and community characteristics in the jurisdiction, and includes key professional expertise and representation from key governmental and non-governmental agencies. *(Responses to 10 Questions)*	**163**	**14**	**177**	**92%**
Objective C: Foster a community planning process that encourages inclusion and parity among community planning members. *(Responses to 6 Questions)*	**107**	**3**	**110**	**97%**
Objective D: Carry out a logical, evidence-based process to determine the highest priority, population specific needs in the jurisdiction. *(Responses to 15 Questions)*	**257**	**1**	**258**	**99%**
Objective E: Ensure that prioritized target populations are based on an epidemiologic profile and a community services assessment. *(Responses to 4 Questions)*	**65**	**8**	**73**	**89%**
Objective F: Ensure that prevention activities/interventions for identified priority target populations are based on behavioral and social science, outcome effectiveness, and/or have been adequately tested with intended target populations for cultural appropriateness, relevance, and acceptability. *(Responses to 4 Questions)*	**65**	**3**	**68**	**96%**
Objective G: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and the Health Department Application for federal HIV prevention funding. *Objective H: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and funded interventions. (Responses to 2 Questions)*	**37**	**0**	**37**	**100%**
TOTALS	**820**	**29**	**849**	**97%**

TABLE 8: SUMMARY OF RPG MEMBERSHIP SURVEY RESULTS (PART II)

OBJECTIVE	AGREE	DIS AGREE	TOTAL	PERCENT AGREE
Objective A: Implement an open recruitment process (outreach, nominations, and selection) for CPG membership. *(Responses to 7 Questions)*	**463**	**26**	**489**	**95%**
Objective B: Ensure that the CPGs' membership is representative of the diversity of populations most at risk for HIV infection and community characteristics in the jurisdiction, and includes key professional expertise and representation from key governmental and non-governmental agencies. *(Responses to 10 Questions)*	**522**	**57**	**579**	**90%**
Objective C: Foster a community planning process that encourages inclusion and parity among community planning members. *(Responses to 6 Questions)*	**369**	**38**	**407**	**91%**
Objective D: Carry out a logical, evidence-based process to determine the highest priority, population specific needs in the jurisdiction. *(Responses to 15 Questions)*	**955**	**76**	**1,031**	**93%**
Objective E: Ensure that prioritized target populations are based on an epidemiologic profile and a community services assessment. *(Responses to 4 Questions)*	**278**	**37**	**315**	**88%**
Objective F: Ensure that prevention activities/interventions for identified priority target populations are based on behavioral and social science, outcome effectiveness, and/or have been adequately tested with intended target populations for cultural appropriateness, relevance, and acceptability. *(Responses to 4 Questions)*	**244**	**42**	**291**	**84%**
Objective G: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and the Health Department Application for federal HIV prevention funding. Objective H: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and funded interventions. *(Responses to 2 Questions)*	**118**	**33**	**134**	**88%**
TOTALS	**2,949**	**309**	**3,246**	**91%**

CONCLUSION

Over the course of the past year, most of the HIV prevention planning groups in Washington State have expanded their understanding of their purpose as defined in the CDC HIV Prevention Community Planning Guidance, and have established improved policies and procedures for addressing that charge. With leadership from the SPG, the planning groups have developed plans for producing annual updates to their multi-year Comprehensive HIV Prevention Plans, and for ultimately producing a new multi-year plan in 2008 which will cover the time period 2009-2013. The RPGs have taken action to address the objectives they have established for conducting priority population needs assessments, and recruiting members to assure appropriate representation from priority populations.

Each of the seven planning groups in Washington State has its own set of challenges. Some of these challenges are common to most planning groups and can be addressed systematically with technical assistance from DOH. Other challenges are unique to the different regions throughout our state and must be analyzed and addressed within the culture and environment of that specific community. DOH will continue to assess and prioritize the HIV prevention planning needs of all its planning partners and direct assistance to each with the goal of achieving the best possible plan for HIV prevention.

ATTACHMENT A

2005-2008 SPG/RPG PLANNING SCHEDULE

2005-2008 SPG/RPG DRAFT PLANNING SCHEDULE

CY 2005	**Complete a 2006 Update to the 2005-2008 Comprehensive HIV Prevention Plan, including:** *1. Update changes and additions to Membership* 2. Report on accomplishments in developing population estimates related to Scale and Significance (HIV Prevention Need) 3. Report on HIV+ Target Population Needs Assessment 4. Report on plans for additional target population needs assessments, including literature review(s) for 2006-2008 *5. Report on the accomplishments of other committees in establishing procedures for accomplishing the work of the SPG* *6. Execute a Letter of C/CR/NC documenting the degree to which the Health Department application agrees with priorities in the Comprehensive HIV Prevention Plan* 7. *Evaluate the planning process (Membership Survey Parts I and II)*	
	Develop **plans** for Target Population Needs Assessments and Literature Review(s)	EPI/POP PROFILE
	Review data elements for future Epidemiologic Profile(s) and Updates	***EPI/POP PROFILE***
	Estimate the size of populations needing HIV prevention services and the scale and significance of effective intervention types (HIV Prevention Need)	***EPI/POP PROFILE***
	Develop **procedures** for conducting a Gap Analysis and Population Prioritization	***PROCESS***
	Develop **plans** for producing a Community Resource Inventory (CRI)	***CSA***

CY 2006	**Complete a 2007 Update to the 2005-2008 Comprehensive HIV Prevention Plan, including:** *1. Update changes and additions to Membership* 2. Report on significant changes in epidemiologic trends in HIV related data and any updates to populations most at risk based on HIV related data 3. Report on completed Target Population Needs Assessment(s) 4. Report on plans for additional target population needs assessments, including literature review(s) *5. Report on the accomplishments of other committees in establishing procedures for accomplishing the work of the SPG, e.g. gap analysis, prioritization, CRI, scale and significance* *6. Execute a Letter of C/CR/NC documenting the degree to which the Health Department application agrees with priorities in the Comprehensive HIV Prevention Plan* 7. *Evaluate the planning process (Membership Survey Parts I and II)*	
	Report **significant** changes (if any) in epidemiologic trends in HIV related data	EPI/POP PROFILE
	Research the HIV prevention needs of Priority Populations (Literature Review)	***EPI/POP PROFILE***
	Update (**if needed**) prioritized populations most at risk based on significant changes in epidemiologic trends	PROCESS

CY 2007	**Complete a 2008 Update to the 2005-2008 Comprehensive HIV Prevention Plan, including:** *1. Update changes and additions to Membership* 2. An Epidemiologic Profile characterizing 1-10 populations most at risk for HIV infection (***February***) 3. A Community Resource Inventory (CRI) 4. Report on completed Target Population Needs Assessment(s) 5. Report on plans for additional target population needs assessments 6. Report on research completed on the HIV prevention needs of priority populations (literature review) *7. Report on the accomplishments of other committees in establishing procedures for accomplishing the work of the SPG* *8. Execute a Letter of C/CR/NC documenting the degree to which the Health Department application agrees with priorities in the Comprehensive HIV Prevention Plan* 9. *Evaluate the planning process (Membership Survey Parts I and II)*	
	Conduct a Target Population Needs Assessment	***EPI/POP PROFILE***
	Develop an Epidemiologic Profile characterizing 1-10 populations most at risk for HIV infection (***February***)	EPI/POP PROFILE
	Estimate, for each population most at risk, their contribution to new HIV infections (***March***)	EPI/POP PROFILE
	Assemble a Community Resource Inventory (CRI) (based on data available from PEMS) (***April***)	***CSA***
	Identify a set of appropriate science-based activities and interventions for each population most at risk (***July***)	INTERVENTIONS

CY 2008	*Complete a 2009-2013 Comprehensive HIV Prevention Plan, including:* *1. Update changes and additions to Membership* 2. An Epidemiologic Profile characterizing 1-10 populations most at risk for HIV infection 3. A Community Resource Inventory (CRI) 4. Report on Scale and Significance related to each population most at risk 5. A Gap Analysis 6. A Prioritized List of Populations Most at Risk and a set of Effective Interventions identified for each 7. Report on completed Target Population Needs Assessment(s) 8. Report on plans for additional target population needs assessments 9. Report on research completed on the HIV prevention needs of priority populations (literature review) *10. Report on the accomplishments of other committees in establishing procedures for accomplishing the work of the SPG* *11. Execute a Letter of C/CR/NC documenting the degree to which the Health Department application agrees with priorities in the Comprehensive HIV Prevention Plan* 12. *Evaluate the planning process (Membership Survey Parts I and II)*	
	Update the Community Resource Inventory (based on data available from PEMS) (***February***)	***CSA***
	Estimate the size of populations needing HIV prevention services and the scale and significance of effective intervention types (***February***)	EPI/POP PROFILE
	Conduct a Gap Analysis (April***)***	***PROCESS***
	Prioritize Populations Most at Risk based on Epi, CSA, and Gap Analysis (***May***)	PROCESS

EPI AND POPULATION PROFILE COMMITTEE

2005: Develop **plans** for Target Population Needs Assessments and Literature Review(s)

2005: Review data elements for future Epidemiologic Profile(s) and Updates

2005: Estimate the size of populations needing HIV prevention services and the scale and significance of effective intervention types (HIV Prevention Need)

2006: Report **significant** changes (if any) in epidemiologic trends in HIV related data

2006: Research the HIV prevention needs of Priority Populations (Literature Review)

2007: Conduct a Target Population Needs Assessment

2007: Develop an Epidemiologic Profile characterizing 1-10 populations most at risk for HIV infection (***February***)

2007: Estimate, for each population most at risk, their contribution to new HIV infections (***March***)

2008: Estimate the size of populations needing HIV prevention services and the scale and significance of effective intervention types (HIV Prevention Need) (***February***)

PROCESS COMMITTEE

2005: Develop **procedures** for conducting a Gap Analysis and Population Prioritization

2006: Update (**if needed**) prioritized populations most at risk based on significant changes in epidemiologic trends

2008: Conduct a Gap Analysis (**April**)

2008: Prioritize Populations Most at Risk based on Epi, CSA, and Gap Analysis (***May***)

INTERVENTIONS COMMITTEE

2007: Identify a set of appropriate science-based activities and interventions for each population most at risk (***July***)

COMMUNITY SERVICES ASSESSMENT COMMITTEE

2005: Develop **plans** for producing a Community Resource Inventory (CRI)

2007: Assemble a Community Resource Inventory (CRI) (based on data available from PEMS) (***April***)

2008: Update the Community Resource Inventory (based on data available from PEMS) (***February***)

ATTACHEMNT B

SPG COMMITTEE DESCRIPTIONS

SPG Committee Descriptions

Executive Committee
The committee assures that the SPG and Department of Health undertake the HIV prevention community planning process in accord with guidelines from the CDC, the Ellensburg Agreement, and the Charter of the SPG. The committee prepares the SPG meeting agendas, and schedules presentations for the SPG meetings. The committee periodically reviews the policies and practices associated with HIV prevention community planning, and makes recommendations to the SPG regarding changes to the SPG Charter and/or other SPG policies and procedures, in order to improve the quality and effectiveness of the planning process and its outcomes.

Membership and Nominations Committee
The committee assists the Department of Health to identify potential state appointees to the SPG (at-large positions). The committee will be chaired by the Community Co-chair and include at least one regional member and one at-large member and a staff member of the Department of Health. The committee plans and organizes new SPG member orientation sessions, and identifies other methods to support and educate members of the SPG for fulfilling their responsibilities.

Community Services Assessment (CSA) Committee
According to CDC guidance, the CSA describes the prevention needs of populations at risk for HIV infection, the prevention activities and interventions implemented to address those needs, and the service gaps. The CSA committee focuses on preparation of a Community Resource Inventory (CRI), and works with the Process and Epi/Population Profile Committees to identify prevention needs and service gaps. The committee provides recommended guidance to the RPGs for completion of regional CSAs.

Interventions Committee
The committee identifies a set of appropriate science-based HIV prevention activities and interventions (based on intervention effectiveness and cultural/ethnic appropriateness) necessary to reduce transmission of HIV in prioritized target populations.

Process Committee
The committee is composed of representatives from other SPG committees as well as additional SPG volunteers. The committee identifies processes and/or formats for the completion and/or presentation of SPG work products, as identified in CDC guidance, including the gap analysis and population prioritization processes. The committee provides recommended guidance to the RPGs on processes for completion of work products identified in CDC guidance.

Epidemiology and Population Profile Committee
The committee identifies and analyzes sources of data to be used by the SPG to support the planning process, and provides input to DOH regarding preparation of the Epidemiologic Profile(s). The committee supports the work of the CSA committee by prioritizing target population needs assessments, including estimating the size of population(s) needing HIV prevention services, and the scale and significance of proposed interventions.

ATTACHMENT C

SPG MEETING MINUTES

Statewide Community HIV Prevention Planning Group (SPG)
Thursday, October 28, 2004
9:45 a.m. – 3:00 p.m.
MEETING MINUTES
FINAL

Members Present	**Region 1:** Barry Hilt, Linda McClain, Michael Davis **Region 2**: Wendy Doescher, Madeline Sanchez, Ken Lewis **Region 3:** Rick Burchyett, Gary Stein, Dennis Worsham **Region 4:** Barb Gamble, Jim Holm **Region 5:** Charles Fann, Lynda Thomas, Monte Levine **Region 6:** David Heal, Joe Marino, Suzanne Hidde **At-Large:** David Richart, Jimmy Minahan, Kathy Lord, Jace Knievel, Leonard Dawson Jr., Mark Aubin, Maria Courogen, Sam Soriano, Jack Jourden
Members Not Present	**Region 1:** Vanessa Sabb; **Region 3:** Susie Johnson; **Region 4:** Kris Nyrop; **At-Large:** Pam Tollefsen, Collin Kwan, Anne Meegan, Pamala Lawlar (Sacks) and Efren Chacon
Others Present	Kris Farrens (H Plus Care), Sally Clark (Lifelong AIDS Alliance), Amy Manchester Harris (CFH/Asthma Program), Todd Rime (IDRH/Assessment)
DOH Staff	John Peppert, Brown McDonald and Harla Eichenberger

Agenda Item	**Discussion**	**Decision**	**Action Required**
Welcome/ Introductions	Sam Soriano called the meeting to order. Rick Burchyett to step into the role of Community Co-Chair beginning 2005. The Vice-Chair 2005 to be voted on at this meeting. Members were welcomed. Self-introductions were given.		
Approval of Agenda		Agenda was approved with one deletion and three additions	Change to Agenda – No regional reports; cancellation - of the DASA Update. Additions Jack Jourden – If time allows, discussion on the letter to CDC; Maria Courogen – Requested time to give Part 1 of the Assessment Update prior to the scheduled agenda item - Committee Planning Meetings; Ideas for 2005 SPG presentations.
Approval of Minutes	Draft Minutes of September 23, 2004.	Minutes approved as read with one spelling correction and one abstention.	

Agenda Item	**Discussion**	**Decision**	**Action Required**
New Member Conflict of Interest Forms	Rick Burchyett distributed the Conflict of Interest Forms.		Rick Burchyett to go over the forms with Kathy Lord and Efren Chacon
2004 Staff Updates	Brown McDonald – A thank you card for Amy Manchester Harris was sent around for signing by SPG members and to be presented to Amy for the great work she has done with the SPG.		
	The Academy for Education and Development. CDC is contracting with AED to put together a cost effectiveness workshop and they are looking for pilot sites, possibly some state HIV prevention planning groups. Brown asked the SPG if they would agree to the pilot. To pursue more information on cost effectiveness, there is a book by David Holgrave called *The Cost Effectiveness of HIV* that has some helpful guidance.	The SPG is interested. It will be up to AED to select the SPG as a pilot.	
	John Peppert - The Denver HIV/STD Training Center is developing and piloting a course on adapting interventions. Frank Hayes will take this course as soon as possible and bring that information back to the SPG.		
Letter to the CDC	Jack Jourden thanked Gary Stein, David Heal, Sam Soriano, Leonard Dawson and Barry Hilt as.the members involved in putting the DRAFT letter together of some of the concerns the SPG has of CDC in regards to the processes involved with the HIV Prevention Plan. The Draft was reviewed; changes were made.		Noted changes to be made to the Draft letter to the CDC. Jack J. to send redraft to Barb Gamble to get clarity on the for instances. Jack J. to send a redraft to the committee next week. The SPG to receive the REDRAFT. If approved it will be signed and sent to CDC with copies to the SPG, AIDSNETs and the Secretary of DOH.

Agenda Item	Discussion	Decision	Action Required
E-Mail from Sam Soriano	Brown McDonald – Distributed the e-mail from Sam Soriano to SPG members, the contents stress how some state and local health officials are dealing with "online chat rooms" and the opportunity to get safer sex advice, prevention messages and treatment information about STDs across in innovative ways.		E-mail Sam Soriano with comments/discussion.
Vice-Chair Nominations and Elections	Sam Soriano – Distributed - the Election Procedures for Vice-Chair. Rick Burchyett nominated Jim Holm & Lynda Thomas and Sam Soriano nominated Monte Levine to run as Vice-Chair. Gary Stein self-nominated for the position. Lynda Thomas removed herself from nomination. One minute allowed candidates for a brief synopsis. The SPG voted by paper ballot for Community Vice-Chair. Jack Jourden thanked the members that were in the running for Community Vice Chair for their interest.	Monte Levine – Community Vice-Chair for 2004-2005	
Meeting Procedures	Discussion in regards to meeting procedures: Gary Stein – Suggested that consent for the agenda and those items that are part of the business standard at every meeting (agenda, minutes, reports) be done by e-mail, ahead of the SPG meeting. Barb Gamble – Suggested to continue to have approval during each SPG meeting.	Approval of Minutes and Agenda to be included in the SPG Meeting. Regions wanting inclusions from their region (announcements or reports), added to the minutes, are to provide them to Harla for distribution with the packets mailed to the SPG prior to the meeting.	.

Agenda Item	**Discussion**	**Decision**	**Action Required**
	Discussion followed in regards to announcements/regional reports normally made at the end of the SPG Meeting.		
Membership Appreciation	Sam Soriano was presented with a plaque for the year 2003-2004 as Community Co-Chair and thanked for his dedication and service. Job well done Sam!! Members, past and present, were presented with Certificates of Appreciation for their dedication. Great job past and present members!!!		
Part 1 – Assessment Update	Maria Courogen – Maria presented an overview of CDC funding for a Morbidity and Risk Behavior Monitoring Project. This CDC project will be replacing the data collected thru the SHAS project. Suggested that a community advisory group be formed made up of both people in care and in prevention. Not clear yet what role the committee will play. This project is a 4-year project.		Maria Courogen will have a better idea as to what will be needed when she returns from the first meeting with CDC.

Agenda Item	Discussion	Decision	Action Required
Planning the SPG 2005 Work plan	Brown McDonald – Recapped what has been accomplished in 2004. Looking to the future – The Plan that had been submitted was based on the new CDC guidance that we have had for over a year. The Plan is a 4-year plan for 2005 – 2008 with the expectation that the Plan would be updated on a yearly basis. John Peppert -The two functions of the SPG planning group are to: 1) collect and summarize data (epi, CRI, intervention data, etc) and 2) process development. During this period of time it worked well to have a great deal of the work accomplished by committee and brought back to the SPG for their approval. Review of past committees and a decision on future committees was discussed and decided.	Majority of the work to be done by committee. SPG by-laws, all SPG members are expected to participate on a committee– those members not present, are to choose a committee The SPG gave consensus to six committees. The process will be a multi-year process for some committees The SPG decided that committee meetings are to be integrated into the scheduled SPG meeting – by breakout sessions mid morning. There will be flexibility for possible scheduling meetings outside of the scheduled SPG meetings. Some committee meetings to be by conference call	
Meeting Schedule		SPG Meetings will by held on the 4th Thursday of every month beginning January thru October 2005 (depending on need)	First SPG meeting will be held on January 27, 2005 Jack Jourden - To be put on the January agenda: what is the purpose of having a joint meeting with the Governors Advisory Counsel on HIV/AIDS? There was a GACHA executive committee call last week this topic came up. Jack wants to have more discussion with the SPG on the outcomes/objectives of that meeting so that there is a clear agenda for what we would like to get accomplished.

Agenda Item	Discussion	Decision	Action Required
Presentations	Presentations taken into consideration for 2005: 1) Abstinence – Prevention & Abstinence overlaps, 2) An overview of prevention services within state prisons; 3) An overview of HIV infection within state prisons; 4) an overview of HIV prevention services for newly released and/or pre-release individuals (DASA – Pam Lawlar update on DOH/DOC project (prisoner release), 5) Joint meeting with GACHA - discussion with the SPG of what they would like to see with this meeting), 6) Maddie Sanchez - presentation with the Grant County jail nurses, correction officers in getting prevention messages heard and how they see it, 7) Washington State – comparison with other states with similar demographics – urban testing, 8) Portland Indian Health Board – Red Talon, 9) project officer from CDC, 10) Reporting systems/statistics – Military.	No final decision on presentations Presentations will be based on the most useful to the SPG in order to accomplish the work of the SPG. Not listed but a priority - The AED cost effectiveness training – would take priority over the ten (10) on the list.	
HITS (HIV Testing Survey) Presentation	Amy Manchester Harris and Todd Rime presented background information and overheads in their informative presentation of the HIV Testing Survey (HITS) sponsored by CDC. Also presented and distributed was a handout on the HIV Infected Individual's Needs Assessment (HIINA) Amy was thanked for all she has done for the SPG process. Good luck in your new job with the Asthma Program Amy!! They are lucky to have you as part of their program.		For additional data and any questions – Contact Todd Rime. In turn, any questions asked - will be forwarded, with answers, to DOH staff to be shared with all SPG members.

Agenda Item	Discussion	Decision	Action Required
Public Input	No public input		
Identify Committee Members	Identified were last year's committees: Executive, Membership, Interventions, Community Services Assessment (CSA) and Prioritization. SPG members present volunteered for the 2005 committees decided on earlier today	SEE: the attached list of committees and those volunteers thus far on those committees formed for year 2005	DOH to come up with a clear description of the six (6) committees listed on the attached "Committees for 2005" list by the January 2005 SPG Meeting Rick Burchyett – at the January SPG meeting, get a committee commitment from members not present Membership Committee to discuss Orientation Prior to the January SPG Meeting
DASA Update	Not provided due to the absence of Pam Lawlar (Sacks)		
Part 2 - Assessment Update	Maria Courogen – Distributed Technical Notes for the Washington State HIV/AIDS Surveillance Report – 10/31/04 for the Washington State Department of Health. CDC has done state-to-state matching from the Interstate Deduplication Project (IDEP) in 2002 – resulting in lower Washington State totals in the upcoming monthly report		Contact Maria Courogen with questions at (360) 236-3458
STD Update	Mark Aubin – Distributed statistics for chlamydia, gonorrhea and syphilis year to date		
Announcements, Evaluation, Closing	Evaluations – Not available. Barb Gamble – Latino Needs Assessment Report on their website both in Spanish and in English, PHS&KC – the noteworthy section		Jack Jourden – By next week, the DOH website hopefully will be able to publish information on the availability of flu vaccine for HIV+ people

Agenda Item	Discussion	Decision	Action Required
	Jack Jourden and the SPG thanked Sam Soriano for his leadership as Community Co-Chair for 2003-2004. The meeting adjourned at 3:00 p.m.		

Statewide Community HIV Prevention Planning Group (SPG)
Thursday, January 27, 2005
9:45 a.m. – 2:35 p.m.
MEETING MINUTES

Members Present	**Region 1:** Barry Hilt, Linda McClain, Vanessa Sabb **Region 2**: Wendy Doescher, Madeline Sanchez, Ken Lewis **Region 3:** Rick Burchyett, Gary Stein, Dennis Worsham **Region 4:** Barb Gamble **Region 5:** Charles Fann, Monte Levine **Region 6:** David Heal, Suzanne Hidde **At-Large:** David Richart, Jimmy Minahan, Kathy Lord, Leonard Dawson Jr., Mark Aubin, Maria Courogen, Sam Soriano, Pam Tollefsen, Pamala Sacks-Lawlar
Members Not Present	**Region 3:** Susie Johnson; **Region 4:** Kris Nyrop, Jim Holm; **Region 5:** Lynda Thomas; **Region 6:** Joe Marino; **At-Large:** Jace Knievel, Collin Kwan, Efren Chacon, Jack Jourden
Others Present	
DOH Staff	Frank Hayes, John Valliant (DOH Assessment Office), John Peppert, Brown McDonald and Harla Eichenberger

Agenda Item	**Discussion**	**Decision**	**Action Required**
Welcome/ Introductions	Rick Burchyett called the meeting to order. John Peppert acting as Co-Chair for Jack Jourden. Members were welcomed; ground rules were distributed/reviewed; self-introductions were given. Brown McDonald read a Letter of Resignation from Anne Meegan. Good luck Anne, you will be greatly missed! DOH Assessment employee John Valliant was introduced to the SPG. John's background is in HIV and filled the position formerly held by Amy Manchester Harris. Evaluation forms were distributed.		
Approval of Agenda	Pam Tollefsen, OSPI, to give an update during lunch.	Agenda was approved with the addition of the OSPI update	

Agenda Item	Discussion	Decision	Action Required
Approval of Minutes	John Peppert allowed time for members to review the Draft Minutes of October 28, 2004.	Minutes approved with corrections.:	Corrections to the minutes: addition of Sally Clark as attending; Agenda item - presentations add changes as follows: Maddie Sanchez - presentation with the Grant County jail nurses; Leonard Dawson – Prevention & abstinence overlaps; overview of prevention services in state prisons, of HIV infection within state prisons, of HIV prevention services for newly released and/or pre-release individuals; Corrections to the nominations for Vice-Chair
Staff Updates	Brown McDonald – The SPG was not selected by the Academy for Education and Development as a pilot site for the training workshop on cost effectiveness. Presentations for the February 24, 2005 SPG meeting were decided. John Peppert – Reported on the technical review by the CDC and the (3) action items that need to be accomplished. Overall, the review was very positive. Barb Gamble and Gary Stein both brought up issues on Scale and Significance not being addressed by the CDC. We have a new CDC project officer, Greg Smith. Greg Smith will be making a trip to our state in two- weeks. Frank Hayes – Frank is surveying larger community based organizations and health departments to find out if they are planning either this year or next year to implement the DEBI and procedural guidance interventions and if so, what the training needs are. Information will be gathered and sent to the Centers for Disease Control and Prevention (CDC). PEMS - Frank Hayes provided an update – Leslie Pringle received what is to be the final update/change to Release 1	Presentations for the February 24th SPG meeting are: **1)** Duane Wilkerson, Director of the American Psychological Association, will be here to talk about their program of recruiting behavioral scientists. There are currently (5) recruited behavioral scientists in this state, some of which are located in Eastern Washington. They have volunteered to assist with the HIV prevention community planning process and with intervention implementation. **2)** Barb Gamble will give a report on the Public Health - Seattle & King County Latino Needs Assessment	

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	and both Leslie and Frank will be looking over the changes tomorrow.		
Review Approve Committee Structure/Roles	Brown McDonald reviewed what had been accomplished at the October 28, 2004 SPG Meeting - Planning for the next few years – accomplished finalizing a four-year plan 2005-2008; discussed how we needed to accomplish updates to this plan over the next few years leading up to the preparation of a new plan in 2009; reviewed the committee structure that was utilized last year and it was decided to continue with committees this year; arrived at committee descriptions.	Approved by the SPG - were the committees created at the October 28, 2004 SPG meeting.	Representatives to the Process Committee to be chosen by their respective committee.
Develop Multiyear Planning Schedule	Brown McDonald reviewed the options and proposals developed in the three drafts that were included in the packets mailed to the SPG prior to the January 27th SPG meeting (Draft SPG Planning Process Recommendations (1) and (2) and the 2005-2008 SPG/RPG Draft Planning Schedule). Discussion followed. John Peppert - In the past, the regions completed their plans around July and the DOH then had to write the grant application a month later. John suggested developing a planning schedule where the plan has been developed in January or February; the regions then would have six months to take the plan, think about what funding decisions they would make that would be truly responsive to the needs of the populations identified in that plan. John Peppert stated that this allows the time needed to plan a strategy on how to accomplish scale and significance.	Approved by the SPG - Drafts of the SPG Planning Process Recommendations (1) and (2) and the 2005-2008 SPG/RPG Planning Schedule	
Identify SPG Priorities for CY 2005	John Peppert – In the next three years we have two tasks: 1) to update the existing plan and 2) to develop the products and information that lead to the new plan for the 2009 - 2013 planning cycle.		
Committee Meetings	SPG members broke into committees.		Each committee to decide on a mission; verify what they would work on (their goal); choose representatives to the Process Committee.
OSPI Update	Pam Tollefsen – Provided background information and distributed the Guidelines for Sexual Health Information and Disease for use in schools on a voluntary basis. A guide that OSPI and DOH collaborated on together. Bills		

Agenda Item	Discussion	Decision	Action Required
	are currently in the House and Senate in regards to sexuality education.		
Other	Before the Committee Reports, Brown discussed the possibility of having a joint meeting of the SPG and GACHA. GACHA members are available for the March 24, 2005 meeting. The purpose is to give a better understanding to both groups of what each does and how they work.	SPG agreed to the joint meeting of the SPG and GACHA on March 24, 2005.	
Committee Reports	**Membership and Nominations Committee -** Chair, Linda McLain – Looked at the Charter, addressed absences in 2004 of members with three unexcused absences and how to address; needed are verification of current alternates to the SPG from each region; DOH staff must be contacted in advance when not able to attend SPG meetings. **Monte Levine** – the Orientation for members of the SPG will be at 5:00 p.m., February 23, 2005 **CSA Committee** – Chair, Barb Gamble – *Barb Gamble and Wendy Doescher to be representatives to the Process Committee*. The committee agreed with the written definition of the committee. Goal - 1) to develop an instrument that the SPG and RPGs can use to collect CRI data and 2) develop methodological guidance. In 2005, they will use the previous instrument as a starting point and work on question development by informally surveying selected organizations and RPGs. Upon finalizing the instrument, data will be collected starting in 2006 and will be updated each year. Will also work on a strategy for presenting the data in clear and useful ways to the SPG during prioritization. Identified regional gaps on their committee and would like to fill those gaps by recruiting Dennis Worsham and/or Ricky Burchyett from Region 3 and Mary Saffold from Region 5. **Interventions Committee** – Chair, Charles Fann – *Process Committee: Frank Hayes and Charles Fann*. Looking at interventions that are currently written as effective; looking at on line and phone interventions with the possibility of doing something in both urban and rural areas; look at the Conspiracy Theory.	Each committee chose a representative to chair that committee; from these committees, one or two members were chosen to be representatives to the Process Committee **(SEE attached list of committees and those on the committees)**. It was agreed that the regular committees would work during the SPG scheduled meetings and that special meetings would be set up for the Process Committee between SPG meetings. The Membership and Nominations Committee needs at least one member from each region to participate on that committee.	Brown McDonald to e-mail a brief description of each committee to.those members not present and asking them to volunteer to be on a committee Brown contacting members of the Process Committee to schedule an initial telephone meeting. DOH representative John Valliant to attend the Orientation

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	Epi and Population Profile – Chair, David Heal – *Process Committee – David Heal and Gary Stein*. Accepted was the definition; looking at tasks and timelines; in February looking at preliminary information from the population needs assessment; March will present the findings of the population needs assessment to the SPG; also will be looking at what each of the RPGs have completed recently in the way of needs assessments in the region to first of all see what's available and also what the RPGs are interested in already. The Committee wants to add to their description – will take on the responsibility of compiling needs assessment that is available either from RPGs or from other sources around the state; for the February SPG meeting, looking at what DASA and OSPI might have available that have bearing on the risk populations; Barb Gamble looking into what studies are available on their STD links; In March the HIV positive needs assessment information will be presented to the SPG; In April the committee will be looking at Maria Courogen's epi profile for review prior to presenting to the SPG.		
Regional Reports	**Region 1** – Barry Hilt – wrapping up 2004 paperwork/reports. Next RPG meeting Feb 2nd. Streamlined processes in efficiently distributing handouts for RPG meetings. Meeting topics: review of prioritized populations; discuss membership; discuss RPG role re-planning and review of annual evaluation scores and comments and possible changes to include effectiveness. **Region 2** – Wendy Doescher – February 16 will be their first planning meeting; rotating locations of the planning meetings around the region. **Region 3** – Rick Burchyett – as co-chair of the region planning committee, they are working on membership; Brown McDonald, by teleconference, helped to give some guidance to the region; Samantha Bowley provided the planning committee with a calendar, tasks and work agenda to keep everyone on task (much appreciated); thanks was given also to Dennis Worsham and Maria Courogen for their information and ongoing support. **Region 4** – Barb Gamble – Prioritization process has begun with a set of 10 4-hour meetings going through the middle of March. The Region has met three times and has worked	Regions to provide Harla a write-up of regional activities if wanting inclusion in the Minutes.	

Agenda Item	Discussion	Decision	Action Required
	on 1) developing ground rules and clarifying how they will manage conflict of interest; 2) bringing everyone up-to-speed on how to understand data in general and providing an overview on epi data, especially the data for King County; and 3) describing the process and data that the epidemiologist used to select the top 9 populations and introducing the data sheets that provide comparable information on each. This is a new way of presenting data to the committee. The data sheets contain information and other factors that influence risk, testing data, and other data useful to the group as they rank the populations. **Region 5** – Monte Levine – Letter of Concern sent by members in Region 5 to the CDC, DOH and SBOH; Frank Hayes, DOH liaison to the RPG; February 10th is the next RPG meeting; Kris Farrens new RPG member, some membership applications pending until membership committee meets. **Region 6** – David Heal – Met this month; Brown McDonald, DOH Liaison to the RPG; some minor modifications to the Region 6 budget numbers; some possible changes to the regional planning process and had dialog about that; the region operates on three sub committees: needs assessment, program (presentations), and membership committees; reviewed their membership gaps and needs; talked about what their needs assessment interests might be and to focus more on the Hispanic population; Barb Gamble to give a presentation to the RPG at a future date.		
Collaborative Update	John Peppert – **The Collaborative -** taking a break while the legislature is in session and only will get together if a bill is introduced this session that needs a response. **The revision of WACS** – for the purpose of increasing access to HIV testing and insuring that partners that are exposed to HIV infection are informed of that exposure, is moving forward. In January, Jack Jourden, Claudia Catastini and John Peppert provided a background presentation to the State Board of Health (SBOH) with what the issues were, that had been identified at the various stakeholder meetings. The SBOH may have another educational presentation in March, still tentative and will likely hold a public hearing in April about the proposed changes. **Legislative** – for HIV		

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	prevention issues it has been a fairly quiet legislative session		
DASA Update	Pam Lawlar-Sacks – Updated the SPG on the plan created to integrate a seamless system of care that increases access to primary healthcare, mental health and substance abuse prevention facilities; discussing how to fund this plan and implement it. A request to DASA has been submitted asking for three additional staff positions.		
Assessment Update	Maria Courogen – Provided an Assessment update on the March HIV+ Needs Assessment Interviewing process and the number of interviews completed; trying to get two things up and going: 1) a new CDC surveillance project with HIV incidence surveillance outside of King County and 2) received funding for a project called morbidity monitoring		
STD Update	Mark Aubin – Provided an update and distributed statistics on the Draft STD Morbidity Report for 2004, by county and provided a morbidity by county where there are military bases.		Contact Mark Aubin at 360-236-3467 for military morbidity statistics.
Announcements, Closing	Dave Richart announced "Lobby Day" in Olympia on February 23, 2005. This year they are especially asking that HIV+ people attend from less populated areas of the state. Transportation is available. North American Syringe Exchange Convention is April 21-23, 2005 in Tacoma, Washington. Announced was the passing of the life partner of Dr. Bob Wood. Our thoughts are with you Dr. Wood. Closing: 2:35 p.m.		Call Lifelong AIDS Alliance for more information (206) 957-1611

Statewide Community HIV Prevention Planning Group (SPG)
Thursday, February 24, 2005
9:30 a.m. – 2:15 p.m.
MEETING MINUTES

Members Present	**Region 1:** Barry Hilt, Linda McClain, Vanessa Sabb **Region 2**: Wendy Doescher, Madeline Sanchez, Ken Lewis **Region 3:** Rick Burchyett, Gary Stein, Susie Johnson **Region 4:** Barb Gamble, Kris Nyrop **Region 5:** Charles Fann, Monte Levine, Lynda Thomas **Region 6:** David Heal **At-Large:** David Richart, James Minahan, Kathy Lord, Maria Courogen, Jace Knievel, Collin Kwan, Efren Chacon, Pamala Sacks-Lawlar
Members Not Present	**Region 3:**; **Region 4**, Jim Holm; **Region 6:** Suzanne Hidde; **At-Large:** Sam Soriano, Mark Aubin, Leonard Dawson Jr, Pam Tollefsen, Jack Jourden
Others Present	Dennis Worsham (Snohomish HD), Duane Wilkerson (Director of the American Psychological Association), Mary Saffold (Tacoma-Pierce HD), Mark Williams (Snohomish HD), Allen Lepley and M. David Bayless (visitors)
DOH Staff	John Valliant and Todd Rime(DOH Assessment Office), Frank Hayes, John Peppert, Brown McDonald and Harla Eichenberger

Agenda Item	**Discussion**	**Decision**	**Action Required**
Welcome/ Introductions	Rick Burchyett called the meeting to order. John Peppert acting as Co-Chair for Jack Jourden. Members were welcomed; ground rules were reviewed; self-introductions were given.		
Approval of Agenda	Request for approval of Agenda. A get well card for Jack Jourden was distributed.	Agenda was approved. Removed from today's agenda was the STD Update – John Peppert suggested that in its place under Public Input, have reports from members attending "Lobby Day" in Olympia Brown McDonald – The Executive Committee decided to limit the amount of time for regular reports at the very end of the Agenda to five minutes.	If those giving the reports need a longer period of time, that they request for the added time in advance
Approval of Minutes	Members were allowed time to review the Draft Minutes of January 27, 2005.	Minutes were approved as written	

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Staff Updates	Brown McDonald – The CDC Application of last years funding for 2004, included funding to conduct a capacity building needs assessment among HIV prevention providers and use the information from the needs assessment to develop a capacity building plan for Washington State. The needs assessment has been completed and Brown distributed the report. Brown has started working with the information in the report to develop a capacity building plan. The HIV Prevention Leadership Summit is scheduled for July 31-August 3, 2005 in San Francisco, CA. The Executive Committees of both the SPG and the Governor's Advisory Council on HIV/AIDS (GACHA) developed a joint agenda for meeting on March 24. Monte Levine stated that the SPG will be conducting regular business in the morning and meeting with GACHA members in the afternoon.		Contact your AIDSNET Coordinator for more information on the Leadership Summit scheduled for July 31-August 3, 2005 in San Francisco, CA. or go to www.nmac.org
Time of Meetings	Monte Levine – Evaluations have indicated that members would like to change the time that the SPG meetings start/end. Discussion followed.	Decisions to be made by members indicating the times that they want the meeting to start and end or if they don't care on their evaluations. .	The Executive Committee will review the evaluations and report back to the SPG.
Report on New Member Orientation	The orientation of SPG Members was held February 23, 2005 – those in attendance were: Susie Johnson, Monte Levine, Rick Burchyett, Ken Lewis, Kathy Lord, Linda McClain, Gary Stein and DOH staff – Brown McDonald and John Valliant. Everyone believed it was a good orientation and that it was helpful in understanding how the SPG works as a whole.		
Committee Work Plans	John Peppert – Because of the way the SPG decided to organize this year and subsequent years' planning, there may be more times over the next couple of years that the SPG may not need to meet as a full group and that some of the committees would meet. Members on committees were asked to start working on a work plan that the Executive Committee could use in terms of planning and organizing future meetings.	After each committee's completion of the "Work Plan", at the next meeting, Jack Jourden, Rick Burchyett and Monte Levine will use that information to make the decision as to how many SPG meetings will be needed and how many meetings will only require the committees to meet. This information will be helpful in making decisions especially for the Process Committee.	Committees were to begin work on completing and finishing their work plan next month. After the March SPG meeting, a completed work plan copy for each will be distributed to the full SPG.

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	John distributed a handout listing all the members known to be on the committees and the committees they were on. Those not on the list were asked to sign up to be on a committee. John made a recommendation that additional community members join the Process Committee.		Nominate community members to join the Process Committee.
Committee Meetings	SPG members broke into committees from 10:45 – 11:40 a.m.		
Guest Presentation – Duane Wilkerson	Duane Wilkerson Director of the American Psychological Association volunteer program – provided an overhead presentation and an overview on their national technical assistance program funded by CDC. There are currently (6 or 7) behavioral scientists in this state, some of which are located in Eastern Washington.		Duane Wilkerson to get back to John Peppert with answers to his questions in regards to scale and significance in terms of the new guidance.
Barb Gamble Presentation of the "King County Assessment of HIV Prevention and CTR Needs of Latino Population"	Barb Gamble – provided a handout (Proyecto Conociendonos ("Getting To Know Us") and gave a very informative report on the Public Health - Seattle & King County Latino Needs Assessment using the model Rare Assessments. Discussion followed		
Other			
Committee Reports	**Membership and Nominations Committee -** Monte Levine - noted that the committee will be meeting as necessary, usually by conference call; at their next meeting they are going to try to define what our definition of youth is going to be; requested a population reflection survey to be done once a year, started at the April meeting; orientation of new members will be twice a year. **CSA Committee** – Chair, Barb Gamble – they have a very flexible schedule; in 2005 they will be developing a community resource instrument; 2006 will be putting up the actual data collections for the first year and then update that for the years after; in the middle of 2006, they will assess the status of the data **Epi and Population Profile –** Maria Courogen – Most of the time was spent talking about the raw data from the HIV+ needs assessment. **Interventions Committee** – Chair, Charles Fann – scheduled a conference call in March; talked about helping regional planning groups with defining what intervention is	Orientation of new members will occur twice a year.	

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	and the population to reach; discussion of urban versus rural and the possibility of developing a type of guidance around adapting and tailoring interventions.		
Regional Reports	**Region 6** – David Heal – RPG met last week; doing a needs assessment for Spanish population; program committee working on getting educational presentations; focusing on membership **Region 5** – Charles Fann – Addressing the letter of concern was sent to the CDC and sent to DOH; getting ready to address an African American MSM needs assessment hopefully in the spring. **Region 4** – Kris Nyrop – Completed 5 of the scheduled 10 meetings for prioritization; haven't yet talked about the allocations; scheduled to finish by March 18. On the prevention side – had co-chair elections at a previous meeting, Kris Nyrop new prevention co-chair along with Bob Wood. **Region 3** – Gary Stein – two new applications have been submitted for membership to the RPG; set up a adhoc committee to come up with ideas for presentations; developing needs assessments with the help of Brown McDonald, DOH. **Region 2 -** Maddie Sanchez – Have new regional people; developed committees to include needs assessment, review of interventions, target populations and membership, PIR; meetings this year are going to be mobile; members to bring ideas of topics and presentations at future meetings; A committee was put together to evaluate how the program could be implemented to fit their needs; next month having safety training for those doing outreach. **Region 1** – Barry Hilt – Discussions of the RPG on involving more hard to reach community members in prevention planning; looking at using key informant interviews, focus groups, etc. for those who cannot attend; reviewing prioritized subpopulations to see if they can't tweak them to more accurately represent the region. Maria Courogen will be at meeting to provide guidance; the RPG reviewed the pros and cons of the proposal to have just two plans versus six regional plans. The RPGs voted unanimously to support the existing 6 regional plan		

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	practice.		
Public Input	A report given by members of the SPG attending "Lobby Day" in Olympia. Pamala Sacks–Lawlar – reported on the African American Legislative Day with a focus on HIV and announced the statewide forum on healthcare for African Americans.		Pam Sacks-Lawlar to provide Brown McDonald with the dates of the Forum
Collaborative Update	John Peppert – **The Collaborative - . The revision of WACS** – DOH staff made a presentation on the recommendations of the Department to the State Board Of Health at the January meeting; at the March meeting the SBOH is going to be hearing from representatives of Lifelong, GACHA and representatives from the AIDSNETS, local health departments on March 9th in Tumwater, Washington. The SBOH will then consider the changes in April.		
DASA Update	Pam Sacks-Lawlar – Presented an update to the SPG – the HASAP project is contracted through the end of March after which the contract will be coming open; SAMSHA rapid testing in the drug treatment programs; CD HIV/Hep C and Mental health cross training in August both on the East and West side of Washington state; "Closing the Gap" system of a statewide plan of integrating primary care into substance abuse in mental health jurisdictions.		
Assessment Update	Maria Courogen – Passed on giving an Update today		
Announcements, Evaluation, Closing	No announcements. John Peppert – reminded the SPG to note on the evaluations the "preferred" starting and ending time of the SPG meetings on your evaluations. Closing: 2:15 p.m.		SPG members to note on their evaluations the preferred start and end time of the SPG meetings

Statewide Community HIV Prevention Planning Group (SPG)
Thursday, March 24, 2005
9:00 a.m. – 3:30 p.m.
MEETING MINUTES
APPROVED

Members Present	**Region 1:** Barry Hilt, Linda McClain, Vanessa Sabb **Region 2**: Madeline Sanchez, Ken Lewis **Region 3:** Rick Burchyett, Gary Stein, Susie Johnson **Region 4:** Madeline Brooks, Dennis Saxman **Region 5:** Charles Fann, Monte Levine, Lynda Thomas **Region 6:** David Heal, Suzanne Hidde **At-Large:** Mark Aubin, David Richart, Kathy Lord, Maria Courogen, Jace Knievel, Pamala Sacks-Lawlar, Pam Tollefsen, Leonard Dawson Jr. and Jack Jourden
Members Not Present	**Region 2:** Wendy Doescher; **Region 4**, Barb Gamble, Kris Nyrop; **At-Large:** Sam Soriano, Jimmy Minahan, Collin Kwan, Efren Chacon
Others Present	Dennis Worsham and Alex Whitehouse (Snohomish HD),
DOH Staff	Todd Rime, Kat Lamola (DOH Assessment Office), Frank Hayes, John Peppert, Brown McDonald, Tracy Mikesell, and Harla Eichenberger.

Agenda Item	**Discussion**	**Decision**	**Action Required**
Welcome/ Introductions	Rick Burchyett called the meeting to order. The SPG is conducting regular business in the morning and will have a joint meeting with GACHA members in the afternoon. SPG members were welcomed; new members Madeline Brooks and Dennis Saxman (alternate) were introduced as Region 4 representatives; self-introductions were given. John Peppert filling in for Jack Jourden as acting Co-Chair. Jack Jourden attending morning session of the Governor's Advisory Council on HIV/AIDS (GACHA).		
Approval of Agenda	Request for approval of Agenda	Agenda was approved.	
Approval of Minutes	Members were allowed time to review the Draft Minutes of February 24, 2005.	Minutes were approved as corrected.	2 corrections in Regional Reports - Region 5, page 4.
Staff Updates and Membership Poll	Brown McDonald – Distributed the Membership Survey Poll, designed to find out what prioritized populations SPG members represent that had been established by the SPG. Members, not alternates, were to fill out and return to Brown		
Report on Meeting Time Survey	Monte Levine – Reported on the results of the survey for upcoming SPG meeting start and end time (15 responses)	SPG consensus for SPG meetings starting at 9:00 a.m. and ending at 2:30 p.m.	

Agenda Item	Discussion	Decision	Action Required
	submitted by members on the evaluations of February 24th.	.	
Committee Meetings	Brown McDonald noted before committee meetings: 1) complete work plans, timelines and submit them to Brown or John today and 2) all committees to meet with the exception of the CSA committee. Committees met from 9:45 a.m. – 11:00 a.m.		Committees to provide Brown with a short report, one or two pages, for use in integrating the results of your planning processes into the plan update for CDC.
Committee Reports	**Process Committee** – Brown McDonald – Conference call on March 15, 2005. Conclusions from the conference call were: 1) each of the SPG committees is responsible for developing certain work products identified in the planning schedule so the Process Committees job is to decide how to use the information from the other committees to establish a process for prioritizing the populations most at risk and for conducting the gap analysis. The Process Committee will just monitor the progress of the other committees in completing their work projects and schedule future meetings when these products have been completed by other committees and are available for them and 2) the Process Committee will be available on an as needed basis to the other SPG committees if they need help completing their work product. **Epi Committee** – Maria Courogen – Maria put together a calendar for what they want to accomplish for the rest of the year. The calendar was okayed by the committee. Started discussions on many different things and prioritized the following as the highest at risk categories as a recommendation by the committee for needs assessment: 1) women of color and 2) women under the age of 30. The committee will work with the regions to start developing a comprehensive listing of the needs assessments Discussion followed around the $50,000 set aside dollars. **The set aside dollars were identified as CDC funds to do needs assessment**. **Membership Committee** – Ken Lewis – Development of an information sheet noting how people can apply for membership to the SPG. The goal is to have it completed and reported on by June; orientations twice a year October 23rd was the first orientation and July 28, 2005 will be the second one for new members. Reviewed the definition of youth to reflect the 14-23 age-group. **Intervention Committee –** Charles Fann – Discussed	Consensus for conducting a needs assessment for women of color (would capture the age of women under 30). Decision to have the second new member orientation on July 28, 2005.	

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	Sociometric models; specific interventions in rural areas; Encouraged submitting abstracts by May 12th for the Annual Joint Conference on Health in October.		DOH to provide information to the SPG regarding the Annual Joint Conference on Health to be held in October.
Public Input	No public input		
Collaborative Update	John Peppert – The Collaborative is still on vacation; have not met for several months and not sure if they will reconvene after the legislative session or not; the State Board of Health will be meeting on April 13th in Tumwater to discuss proposed changes to rules pertaining to HIV counseling and testing and partner notification.		
DASA Update	Pam Sacks-Lawlar – Reported on cross training between SAMSHA and HRSA that incorporates substance abuse, mental health, and the Department of Corrections. The training will be held August 15-19th. SAMSHA's initiative for rapid HIV testing – goal to place rapid HIV tests in all the drug treatment facilities in Washington state with the purpose of reaching more minority populations.		
Assessment Update	Maria Courogen – Difficulty in hiring process for the Assessment office epi position. Contact Maria for job description		
STD Update	Mark Aubin – The Indian Health Service in Portland Oregon has been funded for an HIV/STD position – Stephanie Craig. Stephanie will be putting together a committee for HIV and STDs to work with the tribes in Washington state. This committee will be meeting in Ocean Shores next month. There will be increased money coming to the TB Program in the Governor's budget.		If interested in the committee meeting at Ocean Shores, contact Mark Aubin.
Announcements, Evaluations and Closing	Jack Jourden – thanked the SPG for the card of well wishes sent to him during his recuperation from hip replacement surgery. Jack Jourden read a letter from Bob Jensen, Director of HIV/AIDS Prevention to a letter in response to a letter originally sent to CDC Brown McDonald – The Seattle STD/HIV Prevention Training Center is currently recruiting for a Behavioral Intervention Senior Trainer. This person would be responsible for planning, delivering and evaluating trainings for STD/HIV prevention providers on behavioral interventions.		

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	Leonard Dawson – spoke of having reservations about adapting and tailoring technical assistance. John Peppert stated that it will help some but probably will not fill the complete void		
Review of Joint Meeting Agenda with GACHA	Ricky Burchyett – Reviewed the agenda for the joint meeting and asked SPG members to be thinking of questions they might have of the Governor's Advisory Council on HIV/AIDS. Dennis Saxman – wanted to alert members to his concerns to changes in Medicare. Jack Jourden stated that Anne Stuyvesant, DOH, Client Services office, is putting together two meetings next month to address this issue and alternatives with the CMS folks.		Anne Stuyvesant to come to a future SPG meeting to report on Medicare issues
Lunch and Joint Meeting of the SPG and GACHA	The Joint Meeting began with lunch and a presentation of HIV+ Infected Individuals Needs Assessment (HIINA) by Todd Rime of the DOH Assessment Office on Attached is the Agenda for the joint meeting.		

Statewide Community HIV Prevention Planning Group (SPG)
Thursday, April 28, 2005
9:10 a.m. – 2:30 p.m.
MEETING MINUTES
APPROVED

Members Present	**Region 1:** Barry Hilt, Michael Davis, Vanessa Sabb **Region 2**: Madeline Sanchez, Ken Lewis, Wendy Doescher **Region 3:** Rick Burchyett, Gary Stein, Susie Johnson **Region 4:** Madeline Brooks, Barb Gamble **Region 5:** Charles Fann, Monte Levine, Lynda Thomas **Region 6:** David Heal **At-Large:** Mark Aubin, Efren Chacon, David Richart, Kathy Lord, Maria Courogen, Collin Kwan, Jimmy Minahan and Jack Jourden
Members Not Present	**Region 4:** Kris Nyrop; **Region 6:** Suzanne Hidde; **At-Large:** Leonard Dawson Jr., Jace Knievel, Pamala Lawlar-Sacks, Pam Tollefsen; **Community Co-Chair**: Rick Burchyett
Others Present	Lian Gamble, Mary Saffold
DOH Staff	John Valliant, John Peppert, Brown McDonald, and Harla Eichenberger

Agenda Item	**Discussion**	**Decision**	**Action Required**
Welcome/ Introductions	Monte Levine assumed the role of co-chair in Rick Burchyett's absence. A moment of silence was observed in remembrance of our good friend and SPG member Sam Soriano who recently passed away. Sam will be missed by all who knew him. SPG members and special guest Lian Gamble were welcomed; self-introductions were given.		
Approval of Agenda	Request for approval of Agenda	Agenda was approved.	
Approval of Minutes	Members were allowed time to review the Draft Minutes of March 24, 2005.	Minutes were approved as corrected.	2 corrections. Clarification of the CDC set-a-side dollars - used for needs assessment. Change Vanessa Sabb from an at-large member to a region 1 representative
Evaluation of Joint Meeting with GACHA	Jack Jourden asked for comments on the value of the joint meeting with GACHA held March 24, 2005. It was valuable to members to meet members of GACHA and to know what they do as the Governor's Advisory Council on HIV/AIDS. June 21, 2005 GACHA will be meeting in Vancouver,	Possibility of having a joint meeting of the SPG and GACHA once a year	

Agenda Item	Discussion	Decision	Action Required
	Washington to discuss "cross border issues." The meeting starts at 9:00 a.m. – 12:30 p.m. anyone can attend.		
Staff Updates (I AM Survey)	Brown McDonald – remaining SPG members completed the I AM Survey.		Survey completed and returned to Brown McDonald today.
CDC Membership Survey Part 1	Brown McDonald distributed the CDC Membership Survey Part 1 – the demographic portion for all members to complete.		Survey completed and returned to Brown McDonald today.
Regional Plan Review Process	This process is identified in the Charter. Last year there were five new plans and one update from the regions. This year there will be five plan updates from five regions and one new four-year plan from Region 4. There will be a single Plan Review Committee composed of representatives from all the regions: Barb Gamble, Jimmy Minahan, Susie Johnson, Vanessa Sabb, Wendy Doescher, Lynda Thomas, Ken Lewis and David Heal. If needed, Gary Stein volunteered for the committee.	Decided on a single Plan Review Committee with each committee member having had a role in completing the plan for their region.	Plan Review Committee to review all six plans. Brown McDonald will discuss what the process should be: 1) schedule a conference call and 2) e-mail the review forms.
Capacity Building Needs Assessment Survey	Brown McDonald distributed the Capacity Building Survey form. The regional planning groups, via the regional coordinators, will also be asked to complete the form as well so that the information will be collected from all seven planning groups. The SPG focus will be - to think as the SPG group and not individually.		Brown to make some changes based on the comments and suggestions from the SPG members before sending to the Regional Coordinators
Committee Meetings	Committees needing to meet, met.		
Committee Reports	**Membership Committee** – Efron Chacon/Ken Lewis/Monte Levine – in the absence of Linda McClain, the committee not able to comment on the development of an information flyer noting how people can apply for membership to the SPG; orientation is planned for July 28th, after the SPG meeting. With Sam's passing, there is a vacancy on the SPG;gaps are: hetero sexual women – "under the age of 30 having sex with hetero sexual men at high risk; eastern Washington needs representation; there is a need for youth, transgender and foreign born individuals. **Needs Assessment** – Barb Gamble – the committee took a preliminary look at other programs and the regions. They need to go back to region 3 for more information. Will bring back information on other programs. **Epi Committee** – Maria Courogen - . Maria Courogen stated that John Valiant will be working on updating the Needs Assessment Guidance 2002; discussion on putting out the report.		How is membership on the parity committee determined?

Agenda Item	**Discussion**	**Decision**	**Action Required**
Revision of Meeting Schedule	Jack Jourden discussed the need for the next couple of months SPG Meetings. Executive Committee to take into consideration a 2-day meeting of the SPG, late this year or early in 2006. July, August and September will need to complete the work needed for the Application to CDC. Discussion on presentations and the time element of presentations, making sure that the SPG is able to first, complete their work in the timeframe needed. Evaluation Forms were distributed.	The SPG came to consensus to cancel the May meeting and the Executive Committee will let members know if the June SPG Meeting will be cancelled. If needed, committees will meet by conference calls and if need be committees will meet face to face. In the Fall, there will be an agenda item to start talking about the AIDS Omnibus Law and how it interfaces with federal law. Jack Jourden – put on a future agenda for a presentation with the : AIDSNETs (talking about the regional approach, what happens with reporting, what the reporting looks like, what kind of decisions are made in their Council meetings)	Conference calls to be set up for committees needing to meet. Possible 2-day meeting of the SPG, late this year or early 2006.
Collaborative Update	Jack Jourden – January was the last Collaborative meeting. A note has gone out to meet sometime in June. Two issues are still remaining: 1) behaviors endangering public health and how that language needs to be looked at both in law and rule and 2) addressing other diseases. Currently HIV is the only disease addressed by law and where there is now hepatitis and other diseases needing to be addressed.		

Agenda Item	Discussion	Decision	Action Required
Regional Reports	**Region 3** – Gary Stein – Allocation issue between North and South Consortium and has been resolved. **Region 4** – Barb Gamble – Prioritization – has a prevention plan approved this month; releasing RFP due on June 17th and will be releasing a second RFP for community based C&T Services. **Region 2** – Wendy Doescher – Have taken a step back and reviewing the categories; revisiting priority populations and the region is now "mobile", going from county to county. Wendy reports to the Board of Health and is putting together a presentation for the new members of the Board of Health. **Region 5** – Charles Fann – Reviewing update plan and needs assessment; updating by-laws. **Region 1** – Barry Hilt – Next regional meeting – May 4th. The region has formed a panel of active IDUs, both urban and rural. The planning group is questioning the panel to get a better perspective of the IDU community and their issues; working on the update; took a $25,000 cut in Ryan White this year; working on needs assessment for IDUs. **Region 6** – David Heal – Plan update; epi profile; April meeting and needs assessment presented by Maria Courogen.		
Public Input	Lian Gamble had a good time.		
DASA Update	No report..		
Assessment Unit Update	Maria Courogen – Difficulty in hiring process for the Assessment office epi position.		
STD Update	STD Report – Mark Aubin distributed the 2004 Sexually Transmitted Diseases Morbidity Report put together by Mark Stenger. Reports to go to Health Officers next week. Questions followed.		The Report will be put on the website.
Announcements, Evaluations and Closing	Jack Jourden – NASTAD annual meeting last week – 1) there was a presentation about valid interventions for msms and others. CDC has heard and is concerned and have launched several different studies across the country and are looking at behaviors and including the use of drugs and what kind of interventions really might work – won't have this type of information for a couple of year. CDC realizes that a lot of the Debi interventions are not targeting gay men and 2) Jack ran for and was elected as Chair elect to NASTAD. AIDS Watch May 1-5 in Washington DC. A number of SPG members will be attending.		

Agenda Item	Discussion	Decision	Action Required
	Barry Hilt attended the National Rural AIDS Conference in Indiana. Noted was that there is a universal outcry that there are limited, available, scientific-based interventions. Dine out for Life - Tonight		

Statewide Community HIV Prevention Planning Group (SPG)
Thursday, July 28 2005
9:10 a.m. – 2:35 p.m.
MEETING MINUTES
APPROVED

Members Present	**Region 1:** Barry Hilt, Vanessa Sabb **Region 2**: Madeline Sanchez, Ken Lewis, Wendy Doescher **Region 3:** Gary Stein, Susie Johnson, Brenda Newell **Region 4:** Madeline Brooks, Barb Gamble, Kris Nyrop **Region 5:** Charles Fann, Monte Levine, Lynda Thomas **Region 6:** David Heal, Suzanne Hidde **At-Large:** Mark Aubin, Efren Chacon, David Richart, Kathy Lord, Maria Courogen, Jimmy Minahan, Pam Tollefsen, Pamala Sacks-Lawlar and Jack Jourden
Members Not Present	**Region 1:** Linda McClain; **At-Large:** Collin Kwan, **Community Co-Chair**: Rick Burchyett
Others Present	Alex Whitehouse, Mary Saffold, Nicole Ikebata (HIV/AIDS Regional Resource Consultant –DHHS)
DOH Staff	Jason Carr, John Peppert, Frank Hayes, Brown McDonald, Tracy Mikesell and Harla Eichenberger

Agenda Item	**Discussion**	**Decision**	**Action Required**
Welcome/ Introductions	Monte Levine assumed the role of co-chair in Rick Burchyett's absence. SPG members and guests were welcomed; self-introductions were given.		
Approval of Agenda	Request for approval of Agenda	Agenda was approved.	
Approval of Minutes	Members were allowed time to review the Draft Minutes of April 28, 2005. Jack Jourden reported on the memorial service for our good friend Sam Soriano.	Minutes were approved.	
Staff Updates	Brown McDonald – Distributed the evaluations from the April 28th SPG meeting. A reminder given to have parking tickets validated at the end of today's meeting Letters are going out thanking former members Leonard Dawson and Jace Knievel for their contributions to the SPG as SPG members.		

Agenda Item	Discussion	Decision	Action Required
	DOH received notice from the Centers for Disease Control and Prevention regarding the grant application that will be due to CDC on September 21, 2005. Prior to that date, the SPG needs to accomplish: 1) the approval of a HIV prevention plan update, 2) review the application prepared by DOH for sending to CDC and 3) have concurrence, concurrence with reservation or non concurrence that the application addresses priorities established in the plan. The Executive Committee met and reviewed the SPG meeting schedule and found that the scheduled meetings did not meet the timelines for getting the work accomplished. DOH will send the grant application to the SPG before the September SPG meeting. Monte Levine reminded the SPG that nominations for community vice co-chair will be accepted at the September 15th SPG meeting with the election in October. Jack Jourden reviewed the tasks of the community vice co-chair. Barb Gamble was asked to present the video "Who Will Speak For Me?" at the September 15th SPG meeting.	The decision of the SPG was to cancel the August 22nd SPG meeting and change the date of the September 22nd meeting to September 15th.	Cancel the August 22nd and reschedule the September 22nd SPG meeting to September 15th DOH to mail the grant application to the SPG prior to September 15th. Nominations for vice co-chair will take place at the September 15th SPG. Barb Gamble will present the video
Regional Plan Review Committee Report	Brown McDonald – the committee's role was: 1) to look at the plans, identify that the plan has been executed according to the guidance provided by the CDC and DOH, that there is a letter of concurrence, non-concurrence or concurrence with reservation and 2) to try and identify any unmet statewide needs from the review of the regional plans. Brown McDonald distributed the SPG Regional Plan Review Committee Report. Members were allowed time to read the report. David Heal thanked the regions for the timeliness of getting their plans to the committee. Noted in the plans was the lack in age 24 representation.		
Review of 2006 Update to the 2005-2008 Comprehensive	Brown McDonald walked the SPG through the Draft 2006 Plan Update. This is a separate document that provides an update to the 2005-2008 plan	Proposal to approve the plan – David Heal, seconded by Wendy Doescher. Consensus was given by the SPG for the	Some changes to the Plan Update to be made including, to Page 3 of the Executive

Agenda Item	Discussion	Decision	Action Required
Plan	Brown also reviewed the "Region 5 Options" sheet. One of the three proposed options will be added to the 2006 Plan Update. Also under discussion were changes to the SPG 2006 Plan Update based on the outcome of the Region 5 RPG planning process.	2006 Update to the 2005-2008 Comprehensive Plan with the changes needing to be made including inserting the appropriate language from the Region 5 Options sheet based on the outcome in Region 5.	Summary – change four year plan to five year plan and in the table on page 8, add the words state/local to Substance Abuse and changing the "0" to a "1" under Membership, SPG
Committee Meetings	Maria Courogen presented the "medical" monitoring project for the Data Committee and SPG members were invited to watch the presentation before breaking into committees. Committees met.		
Funding in Washington State	Jack Jourden presented on how Washington State receives funding as it relates to the AIDS Omnibus Law and how the system was built and John Peppert reported on the 1988 AIDS Omnibus Law Chapter 70.24 of the RCW and related WAC, chapters 246-100 and 101. Handouts on both were distributed. Jack Jourden addressed the funding for Ryan White Title 1 and Title 2.		Check out Google GAO Report/Ryan White website
Committee Reports	**CSA Committee** – Barb Gamble – September 15th will be a regrouping meeting. **Interventions Committee** – Charles Fann – Reviewing interventions; looking to develop a survey to see how interventions are working in the state. Hoping to use the results from the survey to develop a "lesson learned" document. **Evaluation Committee** – Wendy Doescher –Evaluation of an intervention -"Staying Healthy"; Sociometrics is helping to put together a computer model that will help with evaluations of interventions in rural areas and Yakima will be a test site. Barb Gamble asked if Sociometrics could look into how to package effective interventions in a way that is more useful. **Membership Committee** – Monte Levine – There are three openings for membership and populations needed for membership are: African American MSM who may also have sex with women; women under the age of 30 who have heterosexual partners at high risk for HIV; women who inject and/or have sex with injectors; men who are Hispanic MSM who may also have sex with women and although not listed, there is still a need for youth under the age of 24. Linda McClain is working on a recruitment flyer for the SPG. An Orientation of two new members will be held after today's SPG		For Membership Applications, contact a member of the Membership Committee. The Membership Committee would like Applications for membership to consider by the October 2005 SPG meeting For more information on the

Agenda Item	Discussion	Decision	Action Required
	meeting. **Data Committee** – Maria Courogen – Earlier, showed the "medical" monitoring project to the Data Committee and SPG. Maria is working with CDC sampling providers. Waiting for word on carryover request to hold a workshop for data for decision making. Committees meeting on September 15th will be: CSA, Data, Effective Interventions and the Membership Committees.		CDC project, contact Maria Courogen. The MMP steering committee meets on August 15th Maria Courogen will let the SPG know if/when there will be a workshop for data for decision making.
Regional Reports	**Region 6** – David Heal – GACHA was at Region 6 the third week in June; discussed cross over border issues of care and prevention; the region does not meet in July and August. **Region 4** – Barb Gamble – A large portion of the last three regional meetings was spent on "Race: The Power of Illusion"; the 3 part series on the social construction of race in America received 30 proposals for competitive process for Omnibus funds and on August 19th a panel to meet and awards will be announced in early September; Jeff Natter has returned as the new Title 1 Administrator; the new adhoc prevention group has gone through many programmatic issues. **Region 3** – Gary Stein – No regional meetings in July and August. **Region 2** – Wendy Doescher – Due to possible issues, Region 2 may concur with reservations to the Regional Plan; the region will be meeting on August 17th with DOH staff present; having rural issues; the region will meet more frequently during the next year; traveling meetings are working well. **Region 1** – Jimmy Minahan – September 7th is the next regional meeting; subcommittees have been active; membership committee has been meeting. **Region 5** – No report.		
Public Input	Nicole Ikebata, a HIV/AIDS Regional Resource Consultant with DHHS, can provide assistance to community based organization. Nicole provided assistance to Region 2 and UCAN		Contact Nicole Ikebata at (206) 615-2506 or nikebata@osophs.dhhs.gov
Collaborative Update	Jack Jourden – The Collaborative is a representative group. Met in June. Still issues remain: 1) behaviors endangering public health and how that language needs to be looked at both in law and rule and 2) blood borne infections. The Collaborative will be meeting again – no date set.		
DASA Update	Pamala Sacks-Lawlar – On September 8-9, 2005 there will be a		Harla to make copies of the

Agenda Item	Discussion	Decision	Action Required
	Washington Summit at the new Tacoma Convention Center. You must register, all are welcome. Covered will be drug policies in Washington State; New grant "Access to Recovery" the program will help people through the recovery process and needed services to recover; provided an update on clients served; a Hep program RFP in September and when awarded, contracts to begin July 2006.		Access to Recovery Directory and include in the next mailing to the SPG. For residential directory contact Pam or go to http://www1.dshs.wa.gov/dasa/
OSPI Update	Pam Tollefsen – CDC funding for public school curriculum "KNOW" for high school; received supplemental funding for Alaska, Yakima and Okanogan schools with high populations of American Indians; contract with special education students in the Seattle School Districts; and looking at the transition of immigrant students and what their needs are.		
STD Update	STD Report – Mark Aubin distributed handouts of the morbidity trends for 2005 (January-June) and the Manifesto pamphlet. Gonorrhea is up 33% in the state. Working on and passed by the legislature is an increase in funding for Chlamydia testing. There will be a vaccine out for the human papilloma virus and the STD program will be working on that in the future.		
Announcements, Evaluations and Closing	**Susanne Hidde** – Invitation to all to attend the 20th recognition anniversary of UCAN as a CBO to be held on August 11, 2005 in Olympia. Brown McDonald - reviewed what the SPG accomplished today and what they will be accomplishing in the next couple of months. Orientation of new members from 3:00 – 5:00 p.m.		Application and packet to be mailed to the SPG on September 7th. **Members should come to the SPG meeting on September 15th prepared having reviewed the Application.**

ATTACHMENT D

PROTOCOL FOR RPG REVIEW OF REGIONAL PLAN UPDATES AND ALLOCATIONS

PROTOCOL FOR RPG REVIEW OF REGIONAL PLAN UPDATES AND EXECUTION OF LETTERS OF CONCURRENCE, CONCURRENCE WITH RESERVATIONS, or NON-CONCURRENCE BASED ON THE FINALITY OF ALLOCATIONS[1]

DEFINITIONS

FINAL allocation of 100% of CDC funds is defined as "CDC allocations, *by intervention,* which are consistent with the Region's budget for CDC funds as it appears in DOH's annual application to CDC for HIV prevention funding".

FINAL allocation of 50% of AIDS Omnibus funds is defined as "Omnibus allocations which are consistent with financial information, *by intervention,* in the Region's Planned Expenditure Report for AIDS Omnibus funding".

RPG Letter of Concurrence/Concurrence with Reservations/Non-concurrence is defined as "a letter from the RPG describing whether the Region's allocation of 100% of CDC funds and 50% of AIDS Omnibus funds does or does not, and to what degree, agree with the priorities set forth in the Region's Comprehensive HIV Prevention Plan and subsequent annual updates".

PROTOCOL

QUESTION 1: Does the Region plan to submit a final allocation of 100% of CDC funds for 2006 in Table 5 of the Regional Plan Update for 2006, on July 1, 2005, that is consistent with the region's budget that will appear in DOH's application to CDC for HIV prevention funding?

ANSWER**:** **YES** **NO**

The Region has explicitly demonstrated the linkages between the Plan Update for 2006 and the DOH application to CDC for federal funding. The Region should request a Letter of Concurrence from the RPG and submit it to DOH with the Plan Update for 2006 on July 1, 2005.

The Region has yet to explicitly demonstrate linkages between the Plan Update for 2006 and the DOH application to CDC for federal funding. The Region should make this clear to the RPG, and negotiate regarding the Letter of C/CR/NC.

One option is to request a letter of Concurrence with Reservations for the July 1 deadline, and negotiate the timeline and process for showing the RPG the final allocation that will be in DOH's application to CDC. The RPG could then complete a Letter of Concurrence that could be submitted to DOH and included in DOH's application to CDC if received prior to September 1, 2005.

[1] This protocol addresses only one issue (final allocations) that the RPG must consider when making its determination regarding the Letter of C/CR/NC. The RPG must also determine if the final allocations of eligible funds made by the Region are consistent with the priorities established in the RPG's Plan Update for 2006.

QUESTION 2: Does the Region plan to submit a final allocation of 50% of Omnibus funds in Table 5 of the Regional Plan Update for 2006, on July 1, 2005, that is consistent with the Region's Omnibus Planned Expenditure Report for 2006?

ANSWER: **YES** **NO**

The Region has explicitly demonstrated the linkages between the Plan Update for 2006 and the Region's Omnibus Planned Expenditure Report for 2006. The Region should request a Letter of Concurrence from the RPG and submit it to DOH with the Plan Update for 2006 on July 1, 2005.

The Region has yet to explicitly demonstrate linkages between the Plan Update for 2006 and the Region's Omnibus Planned Expenditure Report for 2006. The Region should make this clear to the RPG, and negotiate regarding the Letter of C/CR/NC.

One option is to request a letter of Concurrence with Reservations, detailing the timeline and process for showing the RPG the final allocation that will be in the Region's Omnibus Planned Expenditure Report for 2006. The RPG could then complete a Letter of Concurrence that could be submitted to DOH and included in DOH's application to CDC if received prior to September 1, 2005.

Another option is to prepare a separate letter of C/CR/NC based on the Region's Omnibus Planned Expenditure Report and submitted it to DOH when the expenditure report is due to DOH in December, 2005.

ATTACHMENT E

SPG AND RPG LETTERS OF CONSENSUS, WITH RESERVATIONS, OR NON-CONSENSUS

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
COMMUNITY AND FAMILY HEALTH
HIV PREVENTION AND EDUCATION SERVICES
PO Box 47840, Olympia, Washington 98504-7840

September 15, 2005

Ms. Cheryl Maddux, Grants Management Officer
Acquisition and Assistance Branch A
Procurement and Grants Office
Attention: Angie Tuttle, Mail Stop E-15 – **PA 04012 for Year 3**
Centers for Disease Control and Prevention
2920 Brandywine Road, Room 3000
Atlanta, Georgia 30341-4146

Dear Ms. Maddux:

ATTN: Angie Tuttle

RE: Cooperative Agreement Number U62/CCU023506-03, Washington State HIV Prevention Project

On behalf of the Washington State HIV Prevention Planning Group (SPG), we are confirming our concurrence with the Washington State Department of Health (DOH) application to the CDC for 2006 HIV prevention funds. We believe that these documents address the HIV prevention needs of priority populations in Washington State and are being supported through the funding commitments of DOH. We feel that the 2006 Update to the 2005-2008 Comprehensive HIV Prevention Plan and the grant application reflect the planning efforts of the SPG and that a thorough review process was used to ensure concurrence. The review process consisted of the following three steps:

1) On July 28, 2005, the SPG received a report from its Regional Plan Review Committee. This committee reviewed five of the six regional HIV prevention plan 2006 updates to assure that each update was produced according to the CDC and SPG guidance for regional HIV prevention planning. The five plan updates included letters of concurrence from the five Regional HIV Prevention Planning Groups (RPGs). One region, Region 5, did not complete its 2006 Plan Update by the required deadline. Therefore, the Region 5 2006 Plan Update was unavailable to the SPG for review. The Region 5 Plan Update was subsequently completed and approved by the Region 5 RPG on August 10, 2005.

2) Also, at this July 28, 2005 meeting, the SPG reviewed and voted to accept a final draft of its 2006 Update to the 2005-2008 Comprehensive HIV Prevention Plan. The draft statewide plan update reflected the priorities and processes identified in five regional plan updates, and optional language to insert into the statewide plan update to reflect three potential outcomes of the planning process in Region 5.

3) DOH ensured that the SPG had sufficient time to review the application to CDC for 2006 HIV prevention funds by distributing draft copies of the application to all members, by overnight delivery, one week prior to the SPG meeting of September 15, 2005. At this September 15 meeting, DOH presented additional revisions to the application reflecting "last minute developments" including the inability of the Region 5 RPG to reach a decision regarding concurrence, concurrence with reservation, or nonconcurrence with allocations proposed by the Region 5 AIDS Services Network. DOH proposed restricting 75% of the CDC funds available to Region 5 in 2006 until a determination on concurrence can be made by the Region 5 RPG. The SPG scheduled 45 minutes on the agenda to fully review and discuss the application prior to a determination of concurrence.

The SPG feels proud of how it has worked together with DOH to accomplish so much with such a diverse group of individuals. This was reflected in the SPG's review of, and concurrence with, DOH's application for HIV prevention funds.

Rick Burchyett
Community Co-Chair
Washington State
HIV Prevention Planning Group

Jack Jourden
Department of Health Co-Chair
Washington State
HIV Prevention Planning Group

June 22, 2005

Jack Jourden
Washington State Department of Health
PO Box 47844
Olympia WA 98504-7844

RE: 2006 Region I AIDSNET Letter of Concurrence

Dear Jack:

Please be advised that the Region I AIDSNET Planning Group has reviewed the proposed allocation of funds (federal, state, and other) for HIV prevention services in the region. After reviewing all funding sources and populations targeted, we find that 100% of CDC funds and more than 50% of the State Omnibus Funds target the prioritized prevention needs identified by the Regional Planning Group as stated in the Region 2006 Update of the Comprehensive Prevention Plan with HIV+ persons being the top priority.

Sincerely,

James Minahan
Community Co-chair

Leslie Spencer
Health District Co-chair

Yakima Health District
104 North First Street
Yakima, Washington 98901
Phone (509) 575-4040
Fax (509) 575-7894

September 1, 2005

Jack Jourden, Director
Washington State Department of Health
Infectious Disease and Reproductive Health
P.O. Box 47844
Olympia, WA 98504-7844

Dear Jack:

Please be advised that the Region II Planning Group has reviewed the proposed allocation of funds for HIV prevention services in the region. We find that the proposed allocations meet the criteria of utilizing 100% of the Centers for Disease Control and Prevention and 50% of the Omnibus (state) funding to target the prioritized populations and effective interventions, as outlined in the Region II 2006 HIV Prevention Plan.

Sincerely,

Ken Lewis
Community Co-chair

Wendy J. Doescher
Health Dept. Co-chair
Region II AIDSNET Coordinator

SNOHOMISH HEALTH DISTRICT

REGION 3 AIDS SERVICE NETWORK
3020 Rucker Avenue, Suite 208
Everett, WA 98201-3900
425.339.5211 FAX: 425.339.5253

Healthy Lifestyles, Healthy Communities

June 8, 2005

Jack Jourden, Director
Washington State Department of Health
Infectious Disease and Reproductive Health
P.O. Box 47844
Olympia, WA 98504-7844

Dear Jack:

RE: LETTER OF CONCURRENCE & CONCURRENCE WITH RESERVATIONS

The Region 3 HIV/AIDS Community Planning Council, a Regional Planning Group (RPG) confirmed by consensus at its meeting on June 8, 2005 that they concur with our public health regional AIDS service network's (AIDSNET) CDC grant application. Also, we concur with their State grant application with reservations at this time.

The planning group reviewed the AIDSNET proposed 2006 objectives, activities, and spending plan and finds them overall to be responsive to the priorities identified by the RPG as expressed in this 2005 Region 3 Comprehensive HIV/AIDS Prevention Plan. However, due to the timing of the CDC planning deadlines the AIDS service network has not finalized their 2006 budget and spending plans for use of State grant funds, and expects some changes. The RPG reserves the right to review final AIDSNET service and spending plans which will become available later in this year. At that time the RPG will reconsider granting concurrence to the State grant application.

The planning group met approximately monthly from September 2004 to date in the current planning cycle and through a series of full-group, committee and sub-committee meetings planned the content of meetings, defined needs established in the existing plan, and developed a schedule to review the region's HIV prevention application. Members were asked to review materials and be prepared to discuss them at the June 2005 meeting. Based on a review of the draft program plan, the planning group reached consensus on its concurrence with the CDC spending plan for 2006, but concurrence with reservations for the State grant spending plan for 2006 at this time. The community and public health co-chairs have been designated as signatories to this letter of concurrence/concurrence with reservations.

Sincerely,

Rick Burchyett
Rick Burchyett
Community Co-chair

M. Ward Hinds MD
M. Ward Hinds, MD, MPH
Public Health Co-chair

RB/MWH:apw

SEATTLE HIV/AIDS PLANNING COUNCIL

c/o Public Health – Seattle & King County
400 Yesler Way, Third Floor, Seattle, Washington 98104
Phone (206) 296-4527 Fax (206) 205-5281

June 13, 2005

Jack Jourden, Director
Infectious Disease and Reproductive Health
Washington State Department of Health
P.O. Box 47844
Olympia, Washington 98504-7844

Dear Jack:

The Seattle HIV/AIDS Planning Council is the community planning body charged with determining the priorities that inform the expenditure of certain local, state and federal HIV/AIDS care and prevention services funds granted to Public Health – Seattle & King County. The Council serves as the Region IV Community Planning Group.

Using the Centers for Disease Control guidance, the Council developed Region IV's 2006-07 Prevention plan. This plan includes a rank ordered list of nine priority populations with acceptable interventions for each population. The HIV/AIDS Program staff of Public Health—Seattle & King County has reviewed for the Council how it plans to spend the CDC and Omnibus funds that it will receive from the Washington State Department of Health in 2006. Public Health has allocated 100% of its 2006 CDC dollars to HIV Counseling and Testing programs serving the priority populations identified in the Prevention Plan. We concur that these allocations meet the Council's plan.

Regarding the 2006 Omnibus funds, Public Health has not completed allocation of these dollars because it is conducting a competitive RFP process to award contracts for prevention services. If the competitive allocation process follows the funding plan outlined in the RFP, Public Health will have met the Ellensburg requirement of using 50% of Omnibus funds for interventions that are responsive to the Prevention Plan. At this time that process is not complete, therefore, we are concurring with reservations regarding the 2006 Omnibus funds. We anticipate being able to write a letter of concurrence regarding Omnibus dollars in September of this year.

Please contact Barb Gamble, HIV Prevention Planner (206-205-0937), should you have any questions about this correspondence.

Sincerely,

Kris Nyrop
Prevention Co-Chair

Bob Wood, M.D.
Prevention Co-Chair

Note to Reader:

As of September 15, one regional planning group in Washington State has not been able to make a decision regarding concurrence, concurrence with reservations, or nonconcurrence. Thus, a letter from Region 5 is not included in this packet.

AIDS Services Network
2000 Ft. Vancouver Way
Vancouver, WA 98663

(360) 397-8086
Fax (360) 397-8106

June 15, 2005

Jack Jourden, Director
Washington State Department of Health
Infectious Disease and Reproductive Health
P.O. Box 47844
Olympia, WA 98504-7844

Dear Mr. Jourden:

On behalf of the Region 6 HIV Prevention Planning Committee we express the Committee's concurrence with the 2006 Update to the 2005-2008 Region 6 Comprehensive Service Plan for CDC funds. We concur that 100% of the funding will be used to address priorities established in the 2006 Update to the Region 6 AIDS Network 2005-2008 HIV Prevention Plan. We also concur with the corresponding plan for Washington State HIV/AIDS Prevention (Omnibus) funds, finding that the Region 6 plan provides that more than 51% of these funds will be spent on services targeted at high-risk populations identified by the Washington State HIV/AIDS Prevention Planning Group.

Sincerely,

Carol McNair
Community Co-chair

David D. Heal M.S.W.
Health Department Co-chair

ATTACHMENT F

WASHINGTON STATE HIV INFECTED INDIVIDUALS NEEDS ASSESSMENT

Demographics

TOTAL SAMPLE	195	(100%)
SEX		
Male	138	(71%)
Female	53	(27%)
Transgender (M-F)	4	(2%)
RACE & ETHNICITY		
White (non-Hispanic)	132	(68%)
Black (non-Hispanic)	28	(14%)
Am Indian/Alaskan	13	(7%)
Hispanic	22	(11%)
AGE		
18-24	6	(3%)
25-34	24	(12%)
35-44	95	(49%)
45 and up	70	(36%)

Demographics

COUNTY

Snohomish	37	(19%)
Spokane	41	(21%)
Pierce	49	(25%)
Clark	38	(20%)
Yakima	30	(15%)

REPORTED RISK

MSM (non-IDU)	74	(38%)
MSM/IDU	36	(18%)
IDU	34	(17%)
Heterosexual	48	(25%)
Other	3	(2%)

LENGTH OF TIME HIV+

One year or less	17	(9%)
2-5 years	36	(18%)
6-10 years	56	(29%)
More than 10 years	86	(44%)

Demographics

POPULATIONS OF INTEREST

(Based on behaviors the past 12 months)

	N	% of Sample (n=195)
Men having sex with men	76	(39%)
Current IDUs	32	(16%)
MSM and IDU	13	(7%)
MSM non-IDU	63	(32%)
Heterosexuals having sex	54	(28%)
Heterosexual sex and IDU	10	(5%)
Sex with men and women	5	(3%)
Using meth	42	(22%)
MSM and using meth	24	(12%)

Of the 76 Men having sex with men the past 12 months:

- ***63%*** (48/76) had 2 or more partners
  - ***75%*** (18/24) of MSM using meth
- ***45%*** (34/76) had 2 or more new partners
  - ***63%*** (15/24) of MSM using meth

Of the 24 Men having sex with women the past 12 months:

- ***42%*** (10/24) had 2 or more partners
- ***25%*** (6/24) had 2 or more new partners

Sex Behavior Men

- ***70%*** (53/76) of MSM having sex the past 12 months, had sex with a non-primary partner.
  83% (20/24) of MSM using meth
  - ***43%*** (23/53) of these had <u>insertive</u> anal sex.
    - ***52%*** **(12/23)** used condoms always, ***27%*** (6/23) sometimes, and ***22%*** (5/23) never used condoms
  - ***55%*** (29/53) of these had <u>receptive</u> anal sex
    - ***45%*** **(13/29)** used condoms always, ***28%*** (8/29) sometimes, and ***28%*** (8/29) never used condoms
  - ***55%*** (29/53) of these told their status to all non-primary partners, ***19%*** (10/53) told some, and ***26%*** (14) told none.

Of the 35 Women having sex with men the past 12 months:

- *71%* (25/35) had only one partner
- *49%* (17/35) had at least one new partner
- *89%* (31/35) had sex with a primary partner
  - *42%* (13/31) always use condoms with primary partners
- *34%* (12/35) had sex with a non-primary partner
  - *67%* (8/12) always used condoms with non-primary partners
  - *50%* (6/12) told their status to all non-primary partners

Drugs used the last 12 months (n=195)

- *Cocaine/Crack* **19%**
  - *32%* (12/37) Snohomish, *31%* (15/49) Pierce
  - *53%* (17/32) Current IDUs
- *Heroin* **9%**
  - *23%* (7/30) ages 18-34
  - *53%* (17/32) Current IDUs
- *Meth/Crystal* **22%**
  - *32%* (12/37) Snohomish
  - *75%* (24/32) Current IDUs
  - *17%* (11/63) MSM non-IDU, *100%* (13/13) MSM/IDU
- *No drug use* **51%**

Drug Use

Of those who used needles to inject the last 12 months (n=32)

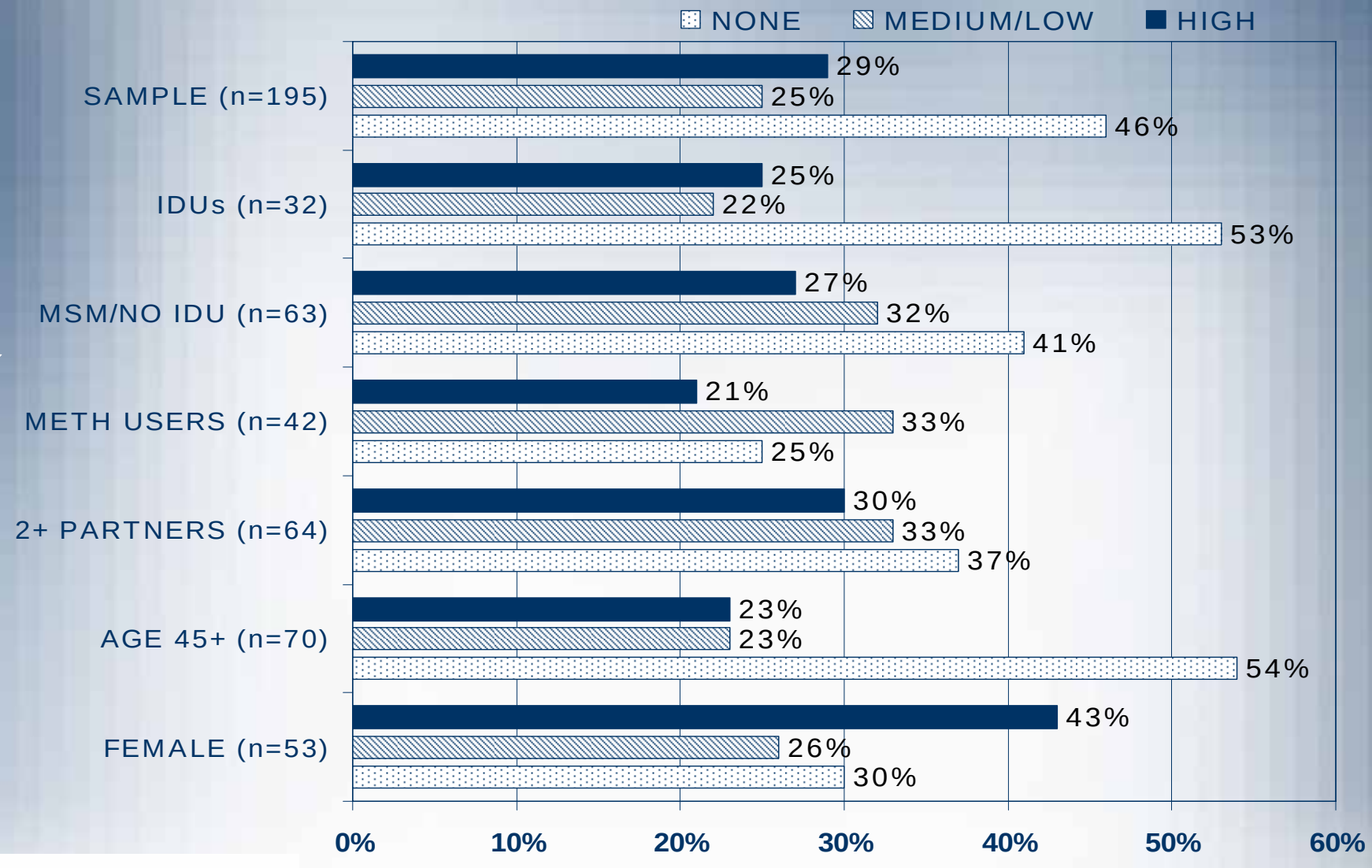
- ***31%*** (10/32) used a needle used by someone else
- ***16%*** (5/32) let others inject with their used needle
- ***47%*** (15/32) shared equipment while shooting up
- 31 indicate ever obtaining new needles
  - ***48%*** (15/31) Pharmacy
  - ***39%*** (12/31) Sex Partner
  - ***58%*** (18/31) Another user
  - ***71%*** (22/31) Friend
  - ***64%*** (20/31) Needle exchange

HIV Perceptions

PERCEPTIONS	SA/Agree	Sub-populations
People you have had sex with have asked if you have had the HIV test (n=190).	40%	Female -***26%*** (13/51) IDUs -***56%*** (40/57) Using Meth -***55%*** (23/42)
By taking HIV drug combinations, HIV+ decrease their chances of giving HIV to others (n=190).	26%	Ages 18-34 -***41%*** (12/29)
You are burned out on thinking about HIV (n=194)	47%	Hispanic -***23%*** (5/22) Black -***32%*** (9/28) HIV+ 15+ years -***66%*** (29/44)

HIV Perceptions

Rate Chances of Giving Someone HIV



Prevention Behaviors

BEHAVIOR	SA/Agree	Sub-populations
When I'm with a new sex partner, I make sure they know my status before sex (n=168).	82%	IDUs -***97%*** (28/29) MSM/non IDU -***70%*** (40/57) 2+ partners -***68%*** (42/62)
When I'm with a new sex partner, I make sure I know their HIV status before sex (n=163).	66%	Ages 18-34 -***41%*** (11/27) MSM/non IDU -***53%*** (30/57) 2+ partners -***52%*** (32/62) Meth users -***53%*** (20/38)
If a potential sex partner asks my HIV status, I tell the truth (n=190).	93%	
I'd expect my regular sex partner to tell me if they tested HIV positive (n=180)	95%	
When I share IDU needles/equipment I make sure they know my status (n=42).	86%	
When I share IDU needles/equipment I make sure I know their status (n=42).	76%	

44% indicated it is All or Mostly the responsibility of the HIV+ partner not to transmit HIV.

56% said it is the responsibility of both partners equally.

HIV Prevention

Who did you receive HIV information from in the last 12 months?

SOURCE	Received Services	Received HIV Info.
Doctor	96% (180)	59%
Other medical (nurse)	95% (175)	25%
HIV care case manager	91% (173)	46%
HIV CBO	58% (107)	48%
Local health department	55% (101)	39%
Mental health provider	41% (76)	29%
HIV Prevention case manager	39% (63)	57%
AIDS Outreach worker	33% (59)	66%
Family or friend	25% (46)	52%
Substance use counselor	21% (40)	50%
Clergy	19% (34)	21%

HIV Prevention

- *36%* rate their level of need for HIV prevention services at medium or high.
  - *75%* (21/28) Black
  - *22%* (7/32) IDUs
  - *52%* (7/32) HIV+ <5 years
- *41%* have wanted HIV prevention services in the past 12 months
  - *68%* (19/28) of Black

Of those not wanting HIV prevention services (n=114)

- ***45%*** (51/114) because they have lots of HIV prevention information.
- ***35%*** (40/114) because not having sex, sex with one person, or having safer sex
- ***15%*** (17/114) never thought about it or do not want to deal with it.

Of those wanting HIV prevention services in the past 12 months (n=81)

- ***64%*** (52/81) were able to get the services.
  - ***74%*** (14/19) of Black
  - ***83%*** (20/24) of HIV+ <5 years
- The main reasons for not being able to get HIV prevention services include...
  - Services not available
  - Didn't know where to go
  - Confidentiality
  - No Transportation

HIV Prevention

In the last 12 months, talked to a health care provider, counselor, HIV/AIDS educator, or case manager about...

General		Sub-populations
Establishing a plan to reduce your risk (n=190)	36%	Non-white -***52%*** (32/62) White -***28%*** (36/128) HIV+ <5yrs -***48%*** (25/52)
HIV drugs' effect on transmission (n=190)	29%	Hispanic -***59%*** (13/22) HIV+ <5yrs -***46%*** (24/52)
Possible re-infection with other HIV strains (n=194)	46%	IDUs -***59%*** (19/32)
Notifying your sex or needle sharing partners about their HIV risk (n=177)	37%	Black -***54%*** (14/26) IDUs -***58%*** (18/31)

HIV Prevention

In the last 12 months, talked to a health care provider, counselor, HIV/AIDS educator, or case manager about...

Sex-Related		Sub-populations
Specific sexual risk behaviors (n=192)	36%	Hispanic -***52%*** (11/21) MSM meth -***56%*** (13/24) HIV+ <5yrs -***52%*** (27/52)
How to talk to sex partners about your status (n=186)	25%	Black -***48%*** (13/27) HIV+ <5yrs -***38%*** (20/52)
Risk of other STDs (n=190)	36%	Black -***54%*** (15/28) Hispanic -***54%*** (12/22) HIV+ <5yrs -***49%*** (26/53)
Oral Sex Risk for HIV/STDs (n=193)	31%	HIV+ <5yrs -***45%*** (24/53)

HIV Prevention

In the last 12 months, talked to a health care provider, counselor, HIV/AIDS educator, or case manager about...

Drug-Related		Sub-populations
Specific injecting drug risk behaviors (n=69)	38%	White -***27%*** (13/48) Non-White -***62%*** (13/21)
How to clean a syringe or access clean needles (n=66)	23%	White -***9%*** (4/41) Non-White -***52%*** (11/21)
Transmission risks related to IDU equipment (n=67)	31%	White -***22%*** (10/46) Non-White -***52%*** (11/21) Meth Users -***46%*** (13/28)
How alcohol or drugs affect risk taking (n=184)	44%	Hispanic -***58%*** (11/19) Black -***61%*** (17/28) IDUs -***56%*** (18/32) Meth Users -***59%*** (25/42) HIV+ <5 yrs -***61%*** (32/52)

- *27%* (14/52) of those with HIV less than 5 years have ever participated in an HIV prevention program, *50%* (70/139) of those with HIV more than 5 years.

- *19%* participated in an HIV prevention program in the past 12 months
  - *27%* (17/63) of MSM non-IDU
  - *8%* (2/24) of MSM using meth

Who would you most want to assist you with your HIV prevention needs?

SOURCE	n=192
Doctor	38%
HIV care case manager	31%
HIV CBO	6%
Other medical (nurse)	4%
HIV Prevention case manager	3%
Mental health provider	3%
AIDS Outreach worker	3%
Family or friend	3%
Substance use counselor	2%
Local health department	2%
Clergy	1%

If you wanted to participate in an HIV prevention activity, what type would you most prefer?

VENUE	N=188	Sub-populations
One-to-one sessions	45%	HIV+ <5yrs -***57%*** (29/51)
Group sessions	32%	
Independent/self-study	9%	
Internet/chat room	4%	
Telephone	3%	
Brochures	3%	

Where would you go to get information about HIV or preventing HIV?

SITE	N=192	Sub-populations
Health department	30%	Pierce -***12%*** (6/49) Clark -***45%*** (6/49)
HIV CBO	25%	Pierce -***47%*** (23/49) Clark -***13%*** (6/49) Yakima -***4%*** (1/27)
Community Health Clinic	16%	Yakima -***59%*** (16/27)
Private doctor	12%	
Internet	9%	
Library	3%	
HIV street outreach	1%	

ATTACHMENT G

CAPACITY BUILDING NEEDS ASSESSMENT FOR HIV PREVENTION COMMUNITY PLANNING

CAPACITY BUILDING NEEDS ASSESSMENT SURVEY ***SPG RESULTS*** FOR HIV PREVENTION COMMUNITY PLANNING EFFECTIVENESS AND PARTICIPATION

Please rate the importance of each of the following HIV Prevention Community Planning skills, areas of knowledge, or abilities for the **SPG**. Provide comments here, or on the back of this survey form.

	Capacity Building Area of Need	Extremely Important	Somewhat Important	Not very Important	Not at all Important	Comments
1	Skills in conflict management and negotiation	**8**	**13**	**2**	**0**	Need hasn't arisen. There has not been conflict.
2	*Developing and Maintaining Cultural Sensitivity*	***17***	***6***	***0***	***0***	*Training needed. "Video on Race" Need to be conscious of this issue always.*
3	Leadership Development	**6**	**16**	**1**	**0**	Needs to be developed more for community members.
4	*Understanding the community planning guidance and process*	***18***	***2***	***0***	***0***	*Takes a long time to learn.*
5	Using data for decision-making	**18**	**4**	**0**	**0**	Due to no scale and scope data this does not happen
6	*Using prioritization strategies*	***15***	***7***	***0***	***0***	
7	Conducting population-based needs assessments	**15**	**7**	**0**	**0**	Is the SPG to conduct the needs assessment or design it? Done by DOH staff.

Please rate the degree to which there is sufficient skill, knowledge, or ability in each of the following HIV Prevention Community Planning areas for the **SPG**. Provide comments here, or on the back of this survey form.

	Capacity Building Area of Need	Extremely Sufficient	Somewhat Sufficient	Not very Sufficient	Not at all Sufficient	Comments
1	Skills in conflict management and negotiation	**8**	**14**	**1**	**0**	Hopefully sufficient. As a group, not individuals.
2	*Developing and Maintaining Cultural Sensitivity*	***7***	***12***	***4***	***0***	As a group, not individuals.
3	Leadership Development	**7**	**14**	**2**	**0**	As a group, not individuals.
4	*Understanding the community planning guidance and process*	***10***	***13***	***0***	***0***	As a group, not individuals.
5	Using data for decision-making	**11**	**9**	**2**	**1**	Due to lack of scale and scope. Data are very dysfunctional. As a group, not individuals.
6	*Using prioritization strategies*	***6***	***14***	***2***	***1***	Due to lack of scale and scope. Data are very dysfunctional. As a group, not individuals.
7	Conducting population-based needs assessments	**5**	**15**	**2**	**1**	Due to lack of scale and scope. Data are very dysfunctional. As a group, not individuals.

CAPACITY BUILDING NEEDS ASSESSMENT SURVEY FOR HIV PREVENTION COMMUNITY PLANNING EFFECTIVENESS AND PARTICIPATION (RPGs Combined)

Please rate (on a scale of 1 to 5) the importance of each of the following HIV Prevention Community Planning skills, areas of knowledge, or abilities for your **RPG**. Provide comments here, or the back of this survey form.

	Capacity Building Area of Need	Extremely Important 1	2	3	4	Not at all Important 5	Comments
1	Skills in conflict management and negotiation	46	12	11	9	3	
2	*Developing and Maintaining Cultural Sensitivity*	*49*	*20*	*7*	*2*	*3*	
3	Leadership Development	38	20	14	3	1	
4	*Understanding the community planning guidance and process*	*49*	*21*	*8*	*2*	*0*	
5	Using data for decision-making	39	32	5	1	2	
6	*Using prioritization strategies*	*38*	*27*	*11*	*3*	*0*	
7	Conducting population-based needs assessments	42	26	10	1	2	

Please rate (on a scale of 1 to 5) the degree to which there is sufficient skill, knowledge, or ability in each of the following HIV Prevention Community Planning areas for your **RPG**. Provide comments here, or on the back of this survey form.

	Capacity Building Area of Need	Extremely Sufficient 1	2	3	4	Not at all Sufficient 5	Comments
1	Skills in conflict management and negotiation	16	19	26	15	4	
2	*Developing and Maintaining Cultural Sensitivity*	*21*	*29*	*17*	*8*	*7*	
3	Leadership Development	12	23	26	13	5	
4	*Understanding the community planning guidance and process*	*20*	*18*	*24*	*13*	*5*	
5	Using data for decision-making	22	26	17	11	4	
6	*Using prioritization strategies*	*21*	*27*	*22*	*6*	*3*	
7	Conducting population-based needs assessments	18	24	28	7	4	

CAPACITY BUILDING NEEDS ASSESSMENT SURVEY FOR HIV PREVENTION COMMUNITY PLANNING EFFECTIVENESS AND PARTICIPATION [REGION I]

Please rate (on a scale of 1 to 5) the importance of each of the following HIV Prevention Community Planning skills, areas of knowledge, or abilities for your **RPG**. Provide comments here, or the back of this survey form.

	Capacity Building Area of Need	**Extremely Important 1**	**2**	**3**	**4**	**Not at all Important 5**	**Comments**
1	Skills in conflict management and negotiation	10 (52.5%)	3 (15.5%)	4 (21%)	2 (10.5%)	0	
2	*Developing and Maintaining Cultural Sensitivity*	*11 (58%)*	*4 (21%)*	*4 (21%)*	*0*	*0*	
3	Leadership Development	8 (44.5%)	7 (39%)	1 (5.5%)	2 (11%)	0	
4	*Understanding the community planning guidance and process*	11 (58%)	6 (31.5%)	2 (10.5%)	0	0	
5	Using data for decision-making	5 (26.5%)	12 (63%)	2 (10.5%)	0	0	
6	*Using prioritization strategies*	*5 (26.5%)*	*9 (47.5%)*	*4 (21%)*	*1 (5%)*	*0*	
7	Conducting population-based needs assessments	6 (31.5%)	9 (47.5%)	4 (21%)	0	0	

Please rate (on a scale of 1 to 5) the degree to which there is sufficient skill, knowledge, or ability in each of the following HIV Prevention Community Planning areas for your **RPG**. Provide comments here, or on the back of this survey form.

	Capacity Building Area of Need	**Extremely Sufficient 1**	**2**	**3**	**4**	**Not at all Sufficient 5**	**Comments**
1	Skills in conflict management and negotiation	6 (31.5%)	5 (26.5%)	3 (15.5%)	4 (21%)	1 (5%)	We use the cards and people follow the rules (one respondent)
2	*Developing and Maintaining Cultural Sensitivity*	*4 (21%)*	*7 (37%)*	*4 (21%)*	*4 (21%)*	*0*	*Maybe a few but certainly not all (one respondent)*
3	Leadership Development	3 (15.5%)	6 (31.5%)	7 (37%)	2 (10.5%)	1 (5%)	
4	*Understanding the community planning guidance and process*	*2 (10.5%)*	*8 (42%)*	*4 (21%)*	*5 (26.5%)*	*0*	
5	Using data for decision-making	6 (31.5%)	8 (42%)	4 (21%)	1 (5%)	0	
6	*Using prioritization strategies*	*4 (21%)*	*11 (58%)*	*4 (21%)*	*0*	*0*	
7	Conducting population-based needs assessments	3 (15.5%)	7 (37%)	7 (37%)	2 (10.5%)	0	Probably on individual levels not on general levels (one respondent)

CAPACITY BUILDING NEEDS ASSESSMENT SURVEY FOR HIV PREVENTION COMMUNITY PLANNING EFFECTIVENESS AND PARTICIPATION [REGION II]

Please rate (on a scale of 1 to 5) the importance of each of the following HIV Prevention Community Planning skills, areas of knowledge, or abilities for your **RPG**. Provide comments here, or the back of this survey form.

	Capacity Building Area of Need	Extremely Important 1	2	3	4	Not at all Important 5	Comments
1	Skills in conflict management and negotiation	5 (27.5%)	4 (22%)	4 (22%)	3 (16.5%)	2 (11%)	
2	*Developing and Maintaining Cultural Sensitivity*	*12 (66.5%)*	*5 (27.5%)*	*0*	*1 (5.5%)*	*0*	
3	Leadership Development	6 (33.5%)	8 (44.5%)	4 (22%)	0	0	
4	*Understanding the community planning guidance and process*	*12 (66.5%)*	*5 (27.5%)*	*1 (5.5%)*	*0*	*0*	
5	Using data for decision-making	12 (70.5%)	5 (29.5%)	0	0	0	
6	*Using prioritization strategies*	*13 (72%)*	*5 (27.5%)*	*0*	*0*	*0*	
7	Conducting population-based needs assessments	12 (66.5%)	5 (27.5%)	1 (5.5%)	0	0	

Please rate (on a scale of 1 to 5) the degree to which there is sufficient skill, knowledge, or ability in each of the following HIV Prevention Community Planning areas for your **RPG**. Provide comments here, or on the back of this survey form.

	Capacity Building Area of Need	Extremely Sufficient 1	2	3	4	Not at all Sufficient 5	Comments
1	Skills in conflict management and negotiation	1 (6%)	9 (53%)	5 (29.5%)	2 (11.5%)	0	"NA" written in on one survey form
2	*Developing and Maintaining Cultural Sensitivity*	*6 (33.5%)*	*9 (50%)*	*1 (5.5%)*	*1 (5.5%)*	*1 (5.5%)*	
3	Leadership Development	5 (29.5%)	6 (35%)	2 (11.5%)	4 (23.5%)	0	
4	*Understanding the community planning guidance and process*	*9 (50%)*	*5 (27.5%)*	*1 (5.5%)*	*3 (16.5%)*	*0*	
5	Using data for decision-making	6 (35.5%)	8 (47%)	0	3 (17.5%)	0	
6	*Using prioritization strategies*	*7 (39%)*	*6 (33.5%)*	*4 (22%)*	*1 (5.5%)*	*0*	
7	Conducting population-based needs assessments	7 (39%)	6 (33.5%)	3 (16.5%)	1 (5.5%)	1 (5.5%)	

CAPACITY BUILDING NEEDS ASSESSMENT SURVEY FOR HIV PREVENTION COMMUNITY PLANNING EFFECTIVENESS AND PARTICIPATION (Region 3)

Please rate (on a scale of 1 to 5) the importance of each of the following HIV Prevention Community Planning skills, areas of knowledge, or abilities for your **RPG**. Provide comments here, or the back of this survey form.

	Capacity Building Area of Need	Extremely Important 1	2	3	4	Not at all Important 5	Comments
1	Skills in conflict management and negotiation	6	2	1	1	0	All these categories are important.
2	*Developing and Maintaining Cultural Sensitivity*	*5*	*4*	*1*	*0*	*0*	
3	Leadership Development	4	0	4	0	1	Need Scale and Scope.
4	*Understanding the community planning guidance and process*	*4*	*4*	*2*	*0*	*0*	
5	Using data for decision-making	4	3	2	1	0	
6	*Using prioritization strategies*	*3*	*3*	*4*	*0*	*0*	
7	Conducting population-based needs assessments	5	2	2	1	0	

Please rate (on a scale of 1 to 5) the degree to which there is sufficient skill, knowledge, or ability in each of the following HIV Prevention Community Planning areas for your **RPG**. Provide comments here, or on the back of this survey form.

	Capacity Building Area of Need	Extremely Sufficient 1	2	3	4	Not at all Sufficient 5	Comments
1	Skills in conflict management and negotiation	2	3	5	0	0	Overall, I think we're pretty good. I do however think some people let their emotions get in the way.
2	*Developing and Maintaining Cultural Sensitivity*	*3*	*4*	*1*	*1*	*1*	
3	Leadership Development	0	5	5	0	0	
4	*Understanding the community planning guidance and process*	*2*	*3*	*4*	*1*	*0*	
5	Using data for decision-making	2	2	2	3	1	Impossible to do without scale and scope data.
6	*Using prioritization strategies*	*2*	*2*	*4*	*2*	*0*	
7	Conducting population-based needs assessments	1	3	4	2	0	

CAPACITY BUILDING NEEDS ASSESSMENT SURVEY FOR HIV PREVENTION COMMUNITY PLANNING EFFECTIVENESS AND PARTICIPATION (Region 4)

Please rate (on a scale of 1 to 5) the importance of each of the following HIV Prevention Community Planning skills, areas of knowledge, or abilities for your **RPG**. Provide comments here, or the back of this survey form.

	Capacity Building Area of Need	Extremely Important 1	2	3	4	Not at all Important 5	Comments
1	Skills in conflict management and negotiation	14	2	2	3	1	
2	*Developing and Maintaining Cultural Sensitivity*	*15*	*3*	*1*	*1*	*2*	
3	Leadership Development	9	5	5	1	0	
4	*Understanding the community planning guidance and process*	*11*	*5*	*3*	*2*	*0*	
5	Using data for decision-making	12	7	0	0	2	
6	*Using prioritization strategies*	*11*	*6*	*1*	*2*	*0*	
7	Conducting population-based needs assessments	11	8	1	0	2	

Please rate (on a scale of 1 to 5) the degree to which there is sufficient skill, knowledge, or ability in each of the following HIV Prevention Community Planning areas for your **RPG**. Provide comments here, or on the back of this survey form.

	Capacity Building Area of Need	Extremely Sufficient 1	2	3	4	Not at all Sufficient 5	Comments
1	Skills in conflict management and negotiation	6	2	11	3	0	
2	*Developing and Maintaining Cultural Sensitivity*	*7*	*6*	*6*	*0*	*3*	
3	Leadership Development	4	5	7	3	2	
4	*Understanding the community planning guidance and process*	*7*	*2*	*9*	*1*	*3*	
5	Using data for decision-making	7	6	5	2	2	
6	*Using prioritization strategies*	*8*	*6*	*2*	*2*	*2*	
7	Conducting population-based needs assessments	7	7	5	1	2	

CAPACITY BUILDING NEEDS ASSESSMENT SURVEY FOR HIV PREVENTION COMMUNITY PLANNING EFFECTIVENESS AND PARTICIPATION (Region 5)

Please rate (on a scale of 1 to 5) the importance of each of the following HIV Prevention Community Planning skills, areas of knowledge, or abilities for your **RPG**. Provide comments here, or the back of this survey form.

	Capacity Building Area of Need	Extremely Important 1	2	3	4	Not at all Important 5	Comments
1	Skills in conflict management and negotiation	11	1				Interpersonal communication skills are more important.
2	*Developing and Maintaining Cultural Sensitivity*	*7*	*4*	*1*		*1*	
3	Leadership Development	11	1				If you want leaders in this area you need to develop them.
4	*Understanding the community planning guidance and process*	*11*	*1*				*Misinterpretation on all levels.*
5	Using data for decision-making	6	5	1			Need to use for monitoring.
6	*Using prioritization strategies*	*6*	*4*	*2*			
7	Conducting population-based needs assessments	8	2	2			Needs to be performed before changing interventions not being done. DOH can be confusing.

Please rate (on a scale of 1 to 5) the degree to which there is sufficient skill, knowledge, or ability in each of the following HIV Prevention Community Planning areas for your **RPG**. Provide comments here, or on the back of this survey form.

	Capacity Building Area of Need	Extremely Sufficient 1	2	3	4	Not at all Sufficient 5	Comments
1	Skills in conflict management and negotiation	1		2	6	3	Needed before anything else can happen.
2	*Developing and Maintaining Cultural Sensitivity*	*1*	*3*	*5*	*2*	*2*	
3	Leadership Development	0	1	5	4	2	Next most important. RPG needs to be run by Chairs, not AIDSNET Coordinator.
4	*Understanding the community planning guidance and process*	*0*	*0*	*6*	*3*	*2*	*Not only needed to proceed, but need to be held to it. TPCHD runs RPG, doesn't represent CDC guidance.*
5	Using data for decision-making	1	2	6	2	1	Don't use.
6	*Using prioritization strategies*	*0*	*2*	*8*	*1*	*1*	
7	Conducting population-based needs assessments	0	1	9	1	1	Don't use, need to.